

Michelle Kelly, ATC, L
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MOUTH GUARD EDUCATION FORM – Soccer/Basketball

The MIAA HIGHLY RECOMMENDS mouth guards to be worn during practice and game situations in the sports of soccer and basketball. The Sports Medicine Committee of the MIAA has reviewed the research and statistics and concludes that the use of mouth guards will prevent or greatly reduce the chance of the athletes suffering tooth damage or loss, jaw fractures, TMJ problems or damage to the lips, tongue and cheeks.

Organizations that recommend mouth guards for basketball and soccer include the American Dental Association, Massachusetts Dental Society, The Academy for Sports Dentistry, Massachusetts Academy of Pediatric Dentistry, National Athletic Trainers Association, National Youth Safety Foundation, National Association of Secondary School Principals and the National Federation.

The current cost to have a fractured tooth bonded is approximately \$300. If the tooth needs a veneer or crown the cost is \$1200-\$1500. The national average for longevity of these restorations is 5-10 years, therefore over a lifetime of a high school student athlete a fractured tooth may cost \$8500-\$15,000 a tooth. If the tooth needs a root canal, the added fee is \$1000-\$1200. If a tooth is lost and an implant is placed the fee for the bone preservation, implant surgery, and restoration is approximately \$5000.

Student-Athletes are required to carry a primary medical insurance policy. *It is recommended that if they are not going to use a mouth guard that student-athletes carry a dental plan as well.* All dental/oral claims will be submitted to the student-athlete's plan. The school coverage for student-athletes is a secondary insurance policy for athletic related injuries, which DOES NOT INCLUDE DENTAL/ORAL INJURIES. Any student-athlete who has had a head related injury MUST wear a molded mouth guard. There will be no exceptions.

A properly fitted custom mouth guard is the best type for protection, comfort, breathing and speech, but any mouth guard will give much more protection than none at all. The cost of a mouth guard is minimal. The Massachusetts Dental Society has a program called "Grin and Wear It" in which dentists have agreed to make mouth guards at a reduced fee. Access to further information about this program is on the MIAA webpage. Somerville athletics uses Family Orthodontics of Cambridge as its recommended custom mouth guard provider. Using a coupon, they offer discounted mouth guards to all Somerville High School athletes.

The MIAA Sports Medicine Committee strongly recommends that mouth guards become part of preseason meeting, health and safety agenda and be added to "Risk of Participation" discussions.

Print Student Name

Date

Print Parent Name

Parent Signature

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Somerville High School Athletic Department
Liability Release, Authorization, Medical Consent and Insurance Information for
Participation in the Somerville High School Athletic Program(s)

Consent

In consideration of the foregoing, in the event that my child/ward becomes seriously ill or injured. I hereby consent and grant authority to the Somerville High School Athletic Department or its representatives to secure the administration of first aid, CPR, AED or emergency procedures/treatments this may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. This also includes orthopedic injury rehabilitation and evaluation. However, I understand that the staff of Somerville Athletic Department or its representatives will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs.

I also grant permission to release medical information to first responder, Somerville High School Athletic Department or its representatives.

(parent/guardian initials)

Anti-Hazing (Back of Code of Conduct)

We affirm that the constitution, by-laws, policies, regulations and practices of the Somerville High School Athletic Department, the Greater Boston League and the Massachusetts Athletic Association do not restrict membership on the basis of race, creed, national origin, sex, age disabilities and further, that the active members of the campus affiliate has authority independent of any national organization to determine membership. We further attest that we have received a copy of the M. G. L. c. 269, S17-19 and have reviewed this information with the child/ward.

(parent/guardian initials)

Publicity/Photos/Use of Name

_____. Yes, I give permission to the Somerville Public Schools to create and use images of my child, along with my child's name, for any lawful purpose and in any form or medium (such as newspaper, internet, cable television, etc...) in conjunction with any promotion of school events and his/her individual achievement.

_____. No, I do not give permission for the school department to photograph, audio tape and/or use my child's name in any print or electronic media.

(parent/guardian initials)

As described below, my child/ward has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information. Allergies (e.g. food, insects, medications)

Circle all that apply and describe in detail: Asthma, Heart, Lungs, Epilepsy, Muscular Bone Injuries, recent exposure to Chicken Pox or other contagious illness/disease, other (explain):

My child/ward is taking the following medications: _____

I, _____, the undersigned knowingly grant permission for my child/ward to practice and compete in interscholastic sports sponsored by the Somerville High School Athletic Department. I further state that I have read and have had ample opportunity to understand this entire document and its conditions.

Parent/Guardian Signature: _____ Date: _____