



LEGACY SWORD ARTS

FENCING * RENAISSANCE MARTIAL ARTS
ASIAN SWORD ARTS * CUDGELS * ESKRIMA

412 MAIN ST.
MURRAY, KY 42071
270.752.0059
WWW.LEGACYSWORDARTS.COM

Medical Consent

Lawful Guardian:

Full Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Phone, Home: _____
Phone, Work: _____
Phone, Mobile: _____

Minor:

Full Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Gender: _____
Date of Birth: _____

1. I make oath that I am the lawful guardian of the minor indicated above.

2. Jason Purcell of 800 Sunny Lane, Murray, KY 42071, has my consent to authorize any treatment (including but not limited to X-ray, examination, anesthetic, medical, or surgical diagnosis and any hospital care), that are considered necessary in the best judgment of the attending medical or emergency personnel. This consent is given in prior to any such medical treatment, but is given to provide authority and power on the part of Jason Purcell in the exercise of their best judgement upon the advice of any such medical or emergency personnel.

3. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Jason Purcell to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

General Physician (optional):

Full Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____

Phone, Office:: _____
Phone, Emergency: _____
Phone, Mobile: _____

Medical Insurance (optional):

Carrier: _____

Policy No.: _____

Current Medical Treatments and Medications (optional):

(Guardian's Signature)

(Date)