PARENT PERMISSION AND MEDICAL CONSENT FORM

Child Name: _____Birthdate:_____

Grade: _____

Address:_____

City: _____State: _____Zip: _____

Home Phone: (___)_____Work Phone:_____

Parental Consent:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby consent to said Minor participating in Strength and Conditioning conducted by Marc Fox and Omar Taovil.

Authorization of Consent to Treatment of Minor:

(I) (We), the undersigned, parent(s) of _____, a minor, do hereby authorize Marc Fox and Omar Taovil, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor is in the presence of said Agent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable and release Agent from all damages of same.

This authorization shall remain effective through the entire time your child is involved in the strength and conditioning program, unless sooner terminated in writing.

Parent_____

Signed

Date: _____

Home Phone _____Work Phone_____

Other phone number _____

Legal Guardian _____ Phone_____

Other Emergency Contact _____Phone _____

Family Doctor _____ Phone _____

Insurance Co. _____If None Please Check _____

Insurance Policy Name and # _____

Known Medical Conditions

_____

_____

_____

Medications? _____

Allergies? _____

Last Tetanus Immunization? _____

Will You Allow Blood Transfusions? (__) Yes (__) No

Other _____