

**MEDICAL CONSENT**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ make oath and say that I am the lawful guardian of:  
(name of legal guardian)  
\_\_\_\_\_, birth date: \_\_\_\_\_  
(name of participant) (address) (d.o.b)

has my consent to administer any treatment (including but not limited to: x-ray, examination, anesthetic, medical, surgical or dental 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 JULIE A. HOOD in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

If the injury or illness is life threatening or in need of emergency treatment, I authorize 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, medications, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed to practice in the state in which such treatment is to occur.

For further information I can be reached at: \_\_\_\_\_  
(address)

Phone numbers – Home: \_\_\_\_\_, Work: \_\_\_\_\_, Cell:  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(signature of legal guardian)

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_

\_\_\_\_\_  
Commissioned Name of Notary Public

Personally Known or Produced Identification

\_\_\_\_\_ (type of Identification Produced)