



# Fresno Fencing Academy

435 W. Shaw Ave, Fresno, CA 93704  
Phone: (559) 224-1910

www.fresno-fencing.com

## Parental Medical Permission Form

### Minor Fencer Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male Female

Please list the minor's medical conditions, allergies to medications, or other allergies:

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Medical Insurance Company: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Emergency Contact (other than Parent):

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

### Parental Permission:

I, \_\_\_\_\_ give my permission to Sara Kilgore or any staff of Fresno Fencing Academy to seek medical help for my minor child \_\_\_\_\_ in my absence or unavailability, including dates and times in which my minor child will be traveling or training with Fresno Fencing Academy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: (PRINTED): \_\_\_\_\_