



MEDICAL RELEASE

During the course of any Pottstown Area PAL sponsored activity, in case of emergency, I hereby authorize any local hospital, physician(s), or other licensed medical professional, or emergency medical treatment personnel, to evaluate and treat my child to ensure their health and well being. This permission is extended to the Pottstown Area PAL's affiliates, coaches, employees, agents, and volunteers.

If I am present and available at the site, at the time of the medical emergency, I will still retain my rights to make all necessary decisions concerning my child's treatment.