

# PTHSS Medical Release Agreement

In the event that emergency medical treatment becomes necessary for your son or daughter while involved with PTHSS activities and in the event that you are absent or cannot be immediately found, you agree to release authority to PTHSS representatives to authorize immediate medical treatment for your son or daughter.

By signing this form, you also agree that PTHSS and/or it's representatives will not be held liable for injury or accidents sustained to your son or daughter.

*Please Note: PTHSS does carry limited insurance coverage; however, please know that although rare, serious medical injury can occur from sporting activities. The limited coverage we carry is only intended to supplement a primary medical policy. For your family's own well being, please ensure that your son or daughter is covered with adequate medical insurance.*

## **Please Identify Son or Daughter's Names, Sign, and Return:**

| Player Name: | Age   | Special Medical Conditions/Allergies |
|--------------|-------|--------------------------------------|
| _____        | _____ | _____                                |
| _____        | _____ | _____                                |
| _____        | _____ | _____                                |
| _____        | _____ | _____                                |

|                              |       |           |
|------------------------------|-------|-----------|
| _____                        | _____ | _____     |
| Parent or Guardian Signature | Date  | Phone No. |

Alternate Phone Numbers: \_\_\_\_\_

|                         |                  |                     |
|-------------------------|------------------|---------------------|
| _____                   | _____            | _____               |
| Family Physician's Name | Office Phone No. | Emergency Phone No. |