

Vancouver PAL Club
Vancouver Police Activities League
605 E Evergreen Blvd., Vancouver, WA 98661
(360) 487-7487

CONSENT FOR MINORS MEDICAL TREATMENT

I, _____ THE PARENT/GUARDIAN OF _____
AUTHORIZE AND DIRECT VANCOUVER PAL COACHING STAFF, TO ADMINISTER FIRST
AID AND IF NECESSARY TRASPORT MY CHILD TO A MEDICAL FACILITY. IN THE CASE
OF AN EXTREME EMERGENCY, I FURTHER CONSENT TO MEDICAL TREATMENT FOR
MY CHILD.

All PAL members are covered by secondary liability and medical insurance while participating in
all PAL sanctioned events and programs.

Please list any allergies, health, or medical conditions we should be aware of: _____

Hospital of Preference: _____

Medical Insurance Carrier: _____ Policy #: _____