

POYNETTE PANTHER YOUTH WRESTLING CLUB

Medical Treatment Consent

In case of emergency, I authorize Poynette Panther Youth Wrestling (coaches and board members) to sign for treatment deemed necessary for my child. You are hereby given my permission to sign for treatment for my child named herein, including any necessary medical/surgical treatment, measures and/or administration of anesthesia. I hereby release from medical responsibility and from liability the hospital, medical authorities and physicians from performing procedures which are deemed necessary for the above named child when acting pursuant granted by this form. Said release does not extend to negligent acts while performing procedures.

2025

*As agreed to in the 2025-2026 Club registration.