

EMERGENCY MEDICAL PERMISSION FORM

The undersigned parent or guardian hereby gives permission for Patrick C. Lynch or Nicole K. Lynch to authorize emergency medical treatment, as may be deemed necessary for the child named below, while playing paintball at 27100 NE 9th St. Camas, WA. 98607 from this date forward.

Name of Child

Telephone

Address

City, State

Zip Code

Printed name of parent or guardian

Signature of parent or guardian