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MS/HS Principal

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Special Education
Chairperson



Hartford Central School Athletics Department

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MEDICAL SERVICES/PARENTAL PERMISSION HARTFORD ATHLETICS

This form must be returned to your coach prior to practicing

Signing this form acknowledges your understanding of all the rules and regulations in the Hartford Central School Interscholastic Athletics Guide.

I authorize the Hartford Central School District coaches and/or other school personnel to obtain any emergency medical care that may become necessary for

_____ during the course of athletic activities
STUDENTS NAME
at which I am not present.

I read and understand the guidelines, procedures, and training rules provided in the HCS Interscholastic Athletics Guide.

I read and understand the information provided in the Concussion: student and parent information sheet.

I agree to comply with the terms and conditions set forth in these guides in order to participate in any school athletic activity.

SIGNATURE OF ATHLETE

DATE

SCHOOL YEAR

SIGNATURE OF PARENT/GUARDIAN

EMERGENCY TELEPHONE NUMBER

DATE

SPORT/S THIS FORM WILL BE VALID FOR (list all)

This form will be valid for the entire school year as long as it is on file with the Athletic Director