

2016-2017 Medical Services Permission

**THIS FORM MUST BE RETURNED TO YOUR
COACH PRIOR TO THE FIRST PRACTICE**

I authorize the Chatham Central School District coaches and/or other personnel to obtain any emergency medical care that may become necessary for the following listed student/athlete during the course of athletic activities at which I am not present:

Student / Athlete

Signature of parent/guardian

Date

Home Telephone #

Emergency Telephone #
