

SCHENECTADY CITY SCHOOL DISTRICT
CERTIFICATION BY PARENT OR GUARDIAN

TO WHOM IT MAY CONCERN:

IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION FOR MY CHILD, _____ TO RECEIVE WHATEVER MEDICAL ATTENTION DEEMED NECESSARY FOR ANY INJURY WHILE HE/SHE IS PARTICIPATING IN SPORTS EVENTS SPONSORED BY THE SCHENECTADY CITY SCHOOL DISTRICT. I ALSO UNDERSTAND THAT SHOULD MY CHILD'S LENSES (CONTACT/GLASSED) BECOME DISPLACED OR DAMAGED, I AM RESPONSIBLE FOR REPLACEMENT.

SIGNATURE OF PARENT OR GUARDIAN:

DATE _____