MEDICAL AUTHORIZATION: This authorizes a licensed physician or other recognized

Parent Signature	A COMPANY	spiral stati member to carry out emergency medical care for my cuitd when normal permiss
Date		тепте в пет
Student Signature		zai care for my citiid when nor
Date	·	mai permiss

*** WARNING - PARTICIPATION IN A SPORT, CAN RESULT IN AN INJURY***

School Medical Certification

Athletic Director