

Appendix E – Informed Consent for High Risk Sporting Events	29
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MEDICAL DIRECTOR APPROVAL

I certify that I, Ronald Pope, D.O., operating in the role as district Medical Director, have reviewed and approve the attached plan for New Lebanon CSD for the Sports Season(s). Any amendments or adjustments to this plan must be reviewed and approved by myself prior to implementation.

Ronald Pope D.O.
PRINT NAME

Ronald Pope D.O.
SIGNATURE

3-4-2021
DATE