

EAST RAMAPO MARCHING BAND PERMISSION

LASTNAME _____ FIRSTNAME _____ sch/gr _____
DATE OF BIRTH ___/___/____ SCHOOL ID# _____

I give my child permission to travel with the **EAST RAMAPO MARCHING BAND** on
SATURDAY MAY 14TH 2016, AFRICAN DAY PARADE NYACK

10:00 A:M Arrival at Spring Valley High School

12 :00 PM LUNCH

1:00 P:M DEPART FOR NYACK

2:00 P:M PARADE BEGINS

3:30 P:M Return to SVHS FOR PICKUP

In the event that reasonable attempts to contact me at () _____ or another parent/guardian at () _____ have been unsuccessful. I authorize Mr. Michael Smith and/or parent sponsors to seek medical treatment for my child. I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentists: and the transfer of my child to any hospital reasonable accessible. This authorization does not cover any major surgery unless the medical opinions of two licensed physicians or dentists, concurring it necessity for such surgery is obtained prior to the performance of such surgery. I will list any medical conditions, allergies prescribed medication, or other pertinent information that would aid in the treatment of my child.

PRINT (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

GERRY DeDIVITIS, ERMB DIRECTOR