

**PERMISSION TO TRAVEL & MEDICAL RELEASE FORM  
2015 ERMB**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Sch/Gr \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give my child permission to travel with the **EAST RAMAPO MARCHING BAND** to perform at

**HAITIAN DAY PARADE ENDING AT MEMORIAL PARK**

**SUNDAY, MAY 24, 2015**

**1:00 ARRIVE AT SPRING VALLEY HIGH SCHOOL**

**2:15 LEAVE SVHS**

**2:30 ARRIVE AT Spring Valley VILLAGE HALL**

**3:30 LEAVE MEMORIAL PARK**

**3:45 ARRIVE AT SPRING VALLEY HIGH SCHOOL**

**3:45 P:M PARENT PICK UP AT SPRING VALLEY HIGH SCHOOL  
STUDENTS TRAVELLING WITH THE ERMB MUST RETURN  
WITH THE BAND.**

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 \_\_\_\_\_

**Michael E. Smith, ERMB Director**