

## **EAST RAMAPO MARCHING BAND PERMISSION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SCH/Gr \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ LID# \_\_\_\_\_

I give my child permission to travel with the **EAST RAMAPO MARCHING BAND** on  
**WEDNESDAY, MAY 25, 2016 for**

**SEPTSA( Special Education Parent Teacher Student Association) Awards Presentation**

**4:00 P:M     Arrival at Spring Valley High School**

**5:00 P:M     Dinner**

**6:00 P:M     DEPART For Pomona**

**8:00 P:M     Return to SVHS**

**8:30 P:M     Parent Pickup SVHS**

In the event that reasonable attempts to contact me at ( ) \_\_\_\_\_ or another parent/guardian at ( ) \_\_\_\_\_ have been unsuccessful. I authorize Ms DeDivitis 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