

# FIRST AID/EMERGENCY TREATMENT AUTHORIZATION

My child will be participating in "Valentine's Pajama Night" sponsored by the Neshannock Marching Band and Band Parents. I hereby release, indemnify, and hold harmless the Neshannock School District, Neshannock Band, Band Parents, and adult and student chaperones from any and all claims, causes of action, and liability arising from or in any way connected with my child's participation in this fundraiser.

- **Signature of parent or guardian** \_\_\_\_\_
- **Date** \_\_\_\_\_

In case of an emergency requiring medical treatment, I give permission to transport this student, if necessary, to the nearest hospital. If an ambulance is necessary, the closest service will be called. The nurse or adult chaperones in charge will attempt to contact the parent/guardian prior to transporting an injured or ill student. Payment for ambulance service to transport the student will not be the responsibility of the Neshannock Band Parents or School District.

- **Signature of parent or guardian** \_\_\_\_\_
- **Date** \_\_\_\_\_



Please make sure to include a check or money order for \$30 (plus \$10 for each additional sibling) made out to the **Neshannock Band Parents**. Thank you for your support!

\*\* If there are additional siblings, please complete a separate information form for each child.