## Consent for treatment

In the event of a medical emergency, the procedure on this trip will be to call the parent, time permitting, before taking a student to a doctor or hospital. When a Parent/Guardian/Designee cannot be reached the following permission will permit prompt attention:

In the event of an emergency, I acknowledge that school personnel shall attend to the immediate safety of my child prior to my notification.

I give permission for the school trip leader, or designee to sign any consent which may be necessary to allow hospital/licensed personnel to examine my child and perform emergency procedures/treatments.

In providing this consent, I acknowledge that the Cresskill Public Schools are not in any way responsible and shall incur no liability for the actions of the hospital, ambulance, and/or medical personnel. As such, I indemnify, hold harmless, and waive any right of legal action against the Cresskill Public School for the action of said personnel.

Student's Name(please print)_____

Parent's Name(please print)_____

Parent's Signature _____ Date _____

Thank you,

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| John W. Von Glahn | Joseph J. Verderese, Jr. | Maria Santoro |
| Director of Vocal Music | Director of Instrumental Music | RN CMS/CHS School Nurse |