

**MEDICAL AUTHORIZATIONS**

*Please sign the agreements below and return this sheet to Mr. Nickel with all other required forms prior to band camp.*

*All categories must be signed for a student to attend.*

**I hereby agree to hold harmless and indemnify the Wilmington Area School District, employees, district approved chaperones and certified medical personnel against any and all claims, damages, expenses, attorney’s fees, suits, cause of action in law or equity for the administration of the prescription medication authorized above.**

**I understand that a Volunteer PA Licensed Registered Nurses will be administering medications during band camp. I give permission for the Registered Nurse to manage my child’s medication for the event.**

**In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize a district employee (band staff) and/or chaperones to provide such hospital care that includes routine diagnostic procedures and medical treatment as to my minor son/daughter, and assume full financial responsibility for such care while he/she is participating on the trip.**

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_