

**POWER OF ATTORNEY
RE: TRAVEL WITH THE GULF HIGH SCHOOL BAND**

KNOW ALL MEN BY THESE PRESENCE THAT I, _____,
(parent/guardian) of my (son/daughter), _____, a student of Gulf
High School and a member of the Gulf High School Band, have read the Student Handbook and agree that
my said child, herein above indicated, will abide by the printed rules in said handbook.

I HEREBY CONSTITUTE AND APPOINT MR. WILLIAM RUTHERFORD or his appointed chaperone as
my attorney in fact, should any medical emergency occur to my said child and authorize my said
attorney to provide medical treatment as necessary for the health and well being of my said child. My
child is presently covered by _____ Insurance Company, Policy No. _____

Any interested party may contact me at my residence, _____
(phone number) _____ or my place of employment, _____
(phone number) _____.

I HEREBY CONFIRM that I realize that all precautions will be taken for my child's safety and
state that I shall not hold the Pasco County School Board, Mr. William Rutherford, or their appointee
responsible for any accident or illness that may occur to my said child. This instrument is executed by
me in the State of Florida, but it is my intention that this specified power of attorney shall be
exercisable in any state or jurisdiction wherein my child may travel with the aforementioned Gulf High
School Band. Departure and return times will be listed on a monthly calender. This power of attorney
shall be in effect from July 24, 20__ through August 1, 20__ or the 20__ - 20__ school year.

In Witness, I have hereunto set my hand and seal this ____ day of _____, 20__.

(signature of parent or guardian)

STATE OF FLORIDA
COUNTY OF PASCO

BEFORE ME, the undersigned authority, personally appeared _____,
to me known and known to be the person who executed the foregoing instrument and acknowledged
before me that (he) (she) executed the same voluntarily and for the uses and purposes therein
expressed.

WITNESS my hand and official seal in the county and state last aforesaid this _____ day of
_____, 20__ A.D. Personally Known ___ OR Produced Identification ___
Type of Identification Produced _____

Notary Public, State Fl.
Commission no. _____
My commission expires: