**POWER OF ATTORNEY**

RE: TRAVEL WITH THE RIVER RIDGE ROYAL SOUND MUSIC PROGRAM

**KNOW ALL MEN BY THESE PRESENCE THAT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent/guardian) of my (son/daughter), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student of **River Ridge High School** and a member of the **River Ridge High School Royal Sound Music Program**, have read the handbook and agree that my said child, herein above indicated, will abide by the printed rules in said handbook and all applicable School Board of Pasco County rules.

**I HEREBY CONSTITUTE AND APPOINT** **CHRISTOPHER T. GRECO**, 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 and I do hereby give permission for the treatment of my said child. This power of attorney is limited to medical treatment only.

My child is presently covered by the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** insurance company, policy number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, or by school insurance policy number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

Any interested party may contact me at my residence, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

or phone ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** or my place of employment**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

or phone ( ) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

**I HEREBY CONFIRM** that realizing all reasonable precautions will be taken for my child’s safety and state that I shall not hold the Pasco County School Board or Christopher T. Greco**,** responsible for any accident or illness that may occur to my said child except for any person whose negligence caused such accident or illness.

**THIS INSTRUMENT IS EXECUTED** 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 River Ridge Royal Sound Music Program

This Power of Attorney shall be in effect from July 20, 2020 through June 8, 2021, or the 2020-2021 school year.

IN WITNESS, I have hereunto set my hand and seal this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(signature of parent(s)/guardian(s))

**STATE OF FLORIDA; COUNTY OF PASCO;**

BEFORE ME, the undersigned authority, personally appeared **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

to me known/unknown to be the person who subscribed the foregoing instrument and acknowledged before me that (he/she) executed the same voluntary and for the uses and purposes therein expressed.

WITNESS my hand and official seal in the county and state last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** My commission expires: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Notary Public - State of Florida