

**POWER OF ATTORNEY
COVER LETTER**

Please print out and sign the following form IN PEN

If a student has two guardians, both should sign the form.

**If a student only has one legal guardian, only one needs to
sign the form.**

**Your advisor will sign the form at the meeting in April and
your advisor will take the form to the principal for you.**

**You do not need to get the principal to sign the form
yourself.**

**PLEASE BRING TURN IN THIS FORM NO LATER THAN
THE MANDATORY MEETING APRIL 14, 2022**

North Reading High School

Parent's Power of Attorney

Name of Student: _____

I hereby authorize and empower Allison Kane, Peter Kane, Ben Owens, John Eldridge, Chrissy Bowman, Andrea Gagnon, and Dan Muse, ("the Advisors"), to secure necessary and required medical aid for the above named student during the period from 4/26/2022 through 5/1/2022, while the above named student is traveling with them from North Reading, Massachusetts, to and throughout Orlando, Fla. Further, if an emergency should arise necessitating surgery by reason of illness or accident, the Advisors may execute any medical or hospital authorization for and on my behalf as if I were personally present.

It is agreed and understood that, prior to exercising the above power of attorney in the event of an emergency, the above named Advisors will make every effort to contact the parent or guardian for verbal approval or disapproval.

Signature of Father or Legal Guardian

Date

Signature of Mother or Legal Guardian

Date

Signature of Advisor

Date

Signature of Principal

Date