

**LETTER OF PERMISSION AND
MEDICAL RELEASE**

Please note: This form must be notarized.

STATE OF _____

COUNTY OF _____

TO: PIONEER HIGH SCHOOL SYMPHONY, JAZZ AND CONCERT BAND PARENTS:

We _____ and _____,
the parents/guardians of _____, a minor, have entrusted such minor into the
care of David A. Leach, officially designated chaperone, for the purpose of taking part in the **SYMPHONY,
JAZZ AND CONCERT BAND TOUR** from **April 11 to April 16, 2012**. In such connection, we authorize
such caring adult to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment,
and hospital care to be rendered to such minor under the general or special supervision, and on the advice of
physician and surgeon licensed under the provisions of the Medicine Practice Act, or if another state or
country governing the practice of medicine or to consent to any X-ray examination, anesthetic, dental or
surgical diagnosis or treatment and hospital care to be rendered to such minor by a dentist licensed under the
provisions of law in that state or country governing the practice of medicine. Whether on any occasion such
consent is rendered to any such medical or dental attention, it is to be considered within the above provisions
and limitations under the same kind of responsible deliverance as we, such minors' parents, would have to
consider it. We further authorize such caring adult to arrange for hire an ambulance or other emergency
vehicle to transport, at our expense, such minor to a suitable place where medical or dental care is provided.
It is understood that these arrangements are to be made at our expense.

(SIGNATURE OF FATHER)
(OR GUARDIAN)

(SIGNATURE OF MOTHER)
(OR GUARDIAN)

Subscribed and sworn to be before this _____ day of _____

Notary Public in and for the
County of _____
In the State of _____
My commission expires _____