

Limited Health Care Power of Attorney Form
AUSTRALIA TRIP 2008

Full Name _____

Address: _____

Date of Birth _____

Permission is hereby granted for my child _____

To accompany you to Australia from October 18, 2008 to October 30, 2008.

In consideration for you taking my child on the trip, I understand and agree that from the time my child leaves school and until his/her return he/she will be under the control and supervision of those assisting with the trip, and you have my permission to exercise parental supervision over him/her. This letter will further evidence my express consent, in the event that I cannot be reached for such medical treatment and surgery to be given and performed to and upon my child as appears to be reasonably necessary in the exercise of prudent medical judgment of a doctor of medicine (MD) at any point on the trip at which sickness or accident occurs. In this regard, it is understood that any medical, hospital, and surgical expenses which may be incurred as a result of treatment recommended by any such doctor will be borne by me.

I hereby grant a LIMITED Health Care Power of Attorney to Stan Chapman (band director), or any chaperone in the event that Mr. Chapman is not available, to authorize medical care or to make any other decision necessary for the well being of said student for the duration of this trip (Australia) from October 18, 2008 to October 30, 2008.

My signature acknowledges my acceptance of this agreement this _____ day of October, 2008.

Signature of parent/guardian

print name of signed

EMERGENCY CONTACT NAME/NUMBER/ADDRESS:

1. _____

2. _____

County of Mobile
State of Alabama

Before me came _____ and signed the foregoing document in my presence
this _____ day of October, 2008.

Notary Public: _____

My commission expires: _____.