

We have voluntarily given our child permission to participate in this school sponsored trip under the direct supervision of the above name persons and hereby grant to them, or any of them, full authority to exercise control and discipline over our child. We also give permission for any of such adults to give our child any such medications such as aspirin, Tylenol, anti-diarrhea medication, or other over-the-counter medications designed to relieve minor symptoms except as follows:

DO NO GIVE _____

We understand that every precaution will be taken to ensure the safety of our child on this trip and we agree not to hold the Board of Education, administrators, teachers, bus drivers, or other adults accompanying our child on this trip responsible for any accidental injuries or resulting from disobedience, misbehavior, or carelessness of the student.

This Special Power of Attorney shall be effective immediately and continue up to end including _____ at which time it shall terminate by its own terms.

This the _____ day of _____, 20 ____.

Parent/Legal Guardian

Parent/Legal Guardian

COMMONWEALTH OF KENTUCKY)
)
COUNTY OF ALLEN)

Executed and acknowledged before me by _____ and _____,
parents/guardians of _____ to be his/her/their free and voluntary act and deed,
all in due form of law.

This the _____ day of _____, 20 ____.

SEAL _____
Notary Public
My Commission Expires: _____

This instrument prepared by:
Secret & Secret
Attorneys at Law
P.O. Box 35
Scottsville, KY 42164
Allen County Board of Education

NOTICE: THIS FORM MUST BE NOTARIZED

FO: SCHOOLBOARD (1)
Permission. trip