

PARENTAL PERMISSION TO PARTICIPATE IN SCHOOL TRIP
AND
SPECIAL POWER OF ATTORNEY

The undersigned parents/legal guardians of _____, age _____
born _____, do hereby give permission for him/her to participate in the school-sponsored
trip to _____ on _____. I/ We do hereby name, constitute, and appoint
_____ or any one of them, as the
adults in whose care the child has been entrusted, as our true and lawful Agents and Attorneys-in-Fact, who
are, by the execution hereof, authorized to consent to any X-Ray examination: anesthetic; medical, dental
or surgical diagnosis or treatment: and/or hospital admission or care to be rendered to said minor children
under the general or special supervision and on the advice of any duly licensed physician, dentist, surgeon
or oral surgeon. By the execution hereof we ratify every act and deed of our said Attorneys-in-Fact, for the
purposes outlined above and consent to any X-Ray examination: anesthetic; medical procedure, dental, or
surgical diagnosis and treatment: and/or hospital admission or care to be rendered to our child by any duly
licensed physician, dentist, or surgeon or oral surgeon and authorize my said Attorneys-in-Fact to pledge
my credit to any person or entity providing medical care to said minor children for the purpose of payment
for any such medical treatment. We understand that we assume full responsibility for payment of any
medical bills incurred by or on behalf of our child during the trip.

The following information may be needed by any hospital or practitioner not
having access to the child's medical history:

HEALTH INSURANCE COMPANY: _____

POLICY NO.: _____

ALLERGIES: _____

DATE OF LAST TETANUS SHOT: _____

MEDICATION BEING TAKEN: _____

PHYSICAL IMPAIRMENTS: _____

OTHER PERTINENT FACTS TO WHICH PHYSICIAN SHOULD BE ALERTED:

NAME AND PHONE NUMBER OF FAMILY PHYSICIAN: _____

PHONE NUMBERS WHERE WE MAY BE REACHED DURING TRIP

HOME () _____; OFFICE () _____; OTHER () _____