

FORT KNOX HIGH SCHOOL
2008-2009 SCHOOL YEAR
PERMISSION AND SPECIAL POWER OF ATTORNEY

1. Authority: Title 10, US Code, Section 3012.
2. Principal Purpose(s); The keeping of accurate records upon persons signing the form in order to facilitate a smooth handling of emergency medical problems.
3. Routine Uses: Authorization of emergency medical care that becomes necessary while the child is away from Fort Knox on a school sponsored trip.
4. Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Voluntary. Failure to approve the Power of Attorney may preclude the child's participation in field trips and may jeopardize the providing of emergency medical aid to the child if it is injured. Non-disclosure of the social security number will have no effect on the individual other than that the power of attorney will not be filed according to the social security number.

This is to certify that as the parent (or legal guardian) of _____, I hereby grant permission for him/her to travel away from Fort Knox with other members and adult sponsors of Fort Knox High School organizations. Further, I delegate to the principal of Fort Knox High School or his designated representative, the authority to authorize whatever emergency medical care is necessary and essential for the preservation of the health of my child, to include hospitalization, that may become necessary for my child while he/she is on a school-sponsored trip. If the required care is not medically necessary for the preservation of the health of my child, my (or my spouse's) approval will first be obtained by calling the telephone numbers listed below.

Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void from and after June 2009.

Primary Contact Number

Signature of Parent/Guardian

Alternate Contact Number

Social Security Number

On this _____ day of _____ in the year _____ before me personally appeared _____, known to me to be the person whose name is subscribed to the foregoing Special Power of Attorney, and acknowledged that he/she, knowing the contents of the instrument, voluntarily executed the same for the purpose therein stated.

Witness (Principal, Asst Principal, Office Personnel)