

POWER OF ATTORNEY FOR MEDICAL CARE OF DEPENDENTS

I, _____ the parent or guardian of _____,
grant permission for this student to participate **in the study trip to the Electronic Expo in
Stuttgart, Germany on the 16th of November, 2007 from 0800 to 1830.**

In the event of any illness or injury to my said son/daughter before, during, or after his/her participation in this activity, I authorize and consent to any treatment, including surgery, deemed necessary by a duly credentialed physician. I hereby grant a power to attorney to **Mr. Frank Pendzich**, or persons acting in his behalf to authorize such treatment for my son/daughter. I recognize and agree that in the event that a U.S. Government medical treatment facility is unavailable or inadequate to furnish such treatment, my said son/daughter may be treated in a civilian medical facility and that I may be responsible for the full cost of all medical care and treatment provided to my son/daughter. I agree to indemnify and hold harmless any aforementioned attorney in fact for the cost of any such medical care. I know of no special medical problems which a treating practitioner should be aware of except those in the remarks section (including all known drug allergies). This power of attorney is effective **16th November, 2007 only.**

Signature of Parent / Guardian

Date

REMARKS:

Printed Name of Parent / Guardian

Social Security Number

Address (Street, Building, Apt. No., City)

Home Phone

Organization and APO

Alternate Phone Number