Denver Public Schools <u>Durable Power of Attorney for Medical Care for Off Campus Trip</u>

I/We,	and		(parei	(parents or legal guardians) are legal residents o		
	(address)		(City)	(State)	(Zip code)	
•	Military) presently stationed at		appo	oint		
whose address is _	(.11)		(C:1)	(6(-1-)	(7' 1 .)	
	(address) y-in-Fact and grant unto my/our Atto ical treatment in a licensed hospital	by a duly-license	d physician for	the health and we		
•	We understand that in such a case, r consenting to emergency medical and	ny/our Attorney-in	-Fact will make	e reasonable attemp	ots to contact me/us befor	
generally accepted	dical or surgical treatment considered standards of medical practice for the nt unless stated specifically here below.	particular type of i	njury or illness i			
validity as I/we co upon me/us and m	y/our Attorney-in-Fact to perform al uld effect if personally present. Any a y/our heirs, legal and personal represe following this Durable Power of Atto	act or thing lawfully entatives, and assig	y done hereunde gns. I/We hold n	er by my/our Attorn ny/our Attorney-in	ey-in-Fact shall be bindin -Fact harmless against an	
consented to, or tr	, or treatment authorized, consented ransacted in my/our name, and that a ng out the foregoing powers, shall orney-in-Fact."	all endorsements ar	nd instruments	executed by my/or	r Attorney-in-Fact for th	
Fact shall not be en	in-Fact will incur no personal financia ntitled to compensation for services p for all reasonable expenses incurred	erformed under thi	s Power of Attor	rney, but the Attorn	ey-in-Fact shall be entitle	
provisions of this l	torney is intended to be valid in any Power of Attorney are separable, so the orney shall be as valid as the original	nat the invalidity of				
	orney shall be effective as of: Trip, and in no event no later than				and void at the conclusio r revoked or terminated b	
BOTH PARENT	CS AND/OR LEGAL GUARDIANS	S OF THE AFORI	EMENTIONE	D CHILD MUST S	SIGN, IF APPLICABLE	
Signature of Parer	nt and/or Legal Guardian	Signature	of Parent and/o	or Legal Guardian		
	vorn to me this day of of	, 20	by		, in the State of	
Notary Public	My C	ommission Expire	_			
Subscribed and sw Colorado, County	vorn to me this day of	, 20	by		, in the State of	
Notary Public		My Comr	mission Expires			