



THE TEMPLE
CONGREGATION ACHDUTH VESHOLOM

Meir Bargeron, Rabbi
Richard B. Safran, Rabbi Emeritus

PARENT OR GUARDIAN'S PERMISSION AND POWER OF ATTORNEY

I hereby give my permission for:

Name of Child (ren)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

to participate in field trips sponsored by Congregation Achduth Vesholom of Fort Wayne, Indiana during the 2020-2021 school year.

I hereby grant to the Field Trip Supervisor my special power of attorney to act on my behalf regarding any emergency medical needs required by said child (ren) for the duration of said field trips specifically including but not limited to the administration of emergency medical services by regularly licensed medical providers and hospitalization if necessary. I shall be financially responsible for any costs incurred for such emergency medical services rendered and shall promptly reimburse Congregation Achduth Vesholom for the payment of medical services advanced.

Dated this ____ day of _____, 20 __.

(Parent or guardian)

5200 Old Mill Road • Fort Wayne, Indiana 46807
260/744-4245 • FAX 260/744-4246 • Email: office@TempleCAV.org