

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO.4  
Champaign, Illinois

(Attachment #1)

POWER OF ATTORNEY

The undersigned certifies that he or she is the parent or legal guardian of \_\_\_\_\_;  
(Student's name)  
that the child is a student in Champaign Community Unit School District No. 4, in Champaign County,  
Illinois, and will be traveling in \_\_\_\_\_ on an educational tour sponsored by said Champaign  
(Place)  
Community Schools that \_\_\_\_\_, who is a member of the staff of Champaign Community  
(Teacher's name)  
Schools, whose address is Central High School 610 W. University Avenue, Champaign, Illinois, is in  
charge of the student group during such tour; and that the tour will last from \_\_\_\_\_ to \_\_\_\_\_. If the  
(Date) (Date)  
parents (or legal guardians) cannot be immediately contacted, the undersigned does hereby grant full  
power of attorney to **John Currey**, in the event of accident or illness to his or her child at any time  
from the commencement to the termination of such tour, to do as follows:

1. To arrange for the transportation of \_\_\_\_\_,  
(Student's name)  
whether by ambulance or otherwise, to a proper facility where emergency medical  
treatment would normally be administered, including, but not limited to, emergency  
room of a hospital, doctor's office, or medical clinic: and
2. To sign such releases as may be required in order to obtain such immediate medical  
or surgical treatment as is required in the judgment of medical authorities at said facility.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Date)