

“Our Dreams Take Flight”

5th Grade Cultural Exchange Trip to Japan 2020

Sponsored by Oya No Kai, Inc.

Portland Public Schools does not fund, sponsor, or endorse this travel study program. The District is not responsible for conducting or supervising this trip. Portland Public School employees who participate in travel study programs are not acting in their capacity as District employees and do so at their own risk. Students participating in travel study programs do so at their own risk.

POWER OF ATTORNEY FOR CARE OF A MINOR

(“Power of Attorney Authorization”)

I, the undersigned, am the custodial parent or legal guardian of _____ (Student Participant). I hereby appoint the volunteer trip director(s) and chaperones, appointed by Oya No Kai, Inc. for the 5th Grade Cultural Exchange Trip to Japan, as my true and lawful agent and attorney-in-fact for me and in my name and in my behalf to act as the guardian of the above-mentioned Student Participant, with full authority to act in my place regarding any matter concerning the care, custody, or property of the Student Participant including, but not limited to, granting of consent for any medical, dental, psychological, psychiatric examinations, care, surgical procedures, or treatment; participation in activities, such as escorting the Student Participant in and out of the United States of America; and any other matter regarding the health and welfare of the Student Participant.

This Power of Attorney shall be valid only from June ____ 2020 through July 15, 2020.

Each parent or legal guardian of the Student Participant must sign below unless court documents proving sole custodianship are provided. Each party to this Power of Attorney Authorization represents and warrants to each other party that such party has read and fully understands the terms and provisions hereof, has had an opportunity to review this Power of Attorney with legal counsel, and has executed this Power of Attorney Authorization based upon such party's own judgment and advice of independent legal counsel (if sought).

Signature of Custodial Parent/Legal Guardian, Date

Signature of Custodial Parent/Legal Guardian, Date

Print Name of Custodial Parent/Legal Guardian

Print Name of Custodial Parent/Legal Guardian

STATE OF OREGON

County of _____)

On this ____ day of _____, 2019, before me, a Notary Public in and for the State of Oregon, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) who executed the Power of Attorney for Care of a Minor and acknowledged it to be his/her/their free and voluntary act and deed for the uses and purposes mentioned in the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year first above written.

NOTARY PUBLIC FOR OREGON

My Commission Expires: