

DURABLE POWER OF ATTORNEY AND CONSENT TO TRAVEL

I skal ikke udfylde denne! Det er en guide, der viser, hvordan I skal udfylde det rigtige dokument.

BEGGE FORÆLDRES NAVNE

We/I _____ parent(s) and lawful guardian(s) of

ELEVENS FULDE NAVN (NAVN I PASSET) _____ appoint Glamsbjerg Fri- og Efterskole and Henrik Stokport Graes, Annemarie Bloch Poulsen, Esben Enrico Joergensen, Helle Gram Soerensen, Kristian Hillerup Lund Andersen, Kristine Damgaard Roen, Kristoffer Pedersen-Lykkebak, Line Lindholm Dam, Mette Tolberg Andersen, Mikkel Kirketerp-Moeller, Rune Borchersen Kristensen, chaperones on 10/11-2025 to a trip to Zanzibar, as our attorneys in-fact with full power to carry out all acts specified herein from 11/11-2025 until our child is returned on 20/11-2025. This power of attorney shall not be affected by our subsequent disability or incapacity or the inability to contact us or communicate with us concerning our child. The following powers are grunted to our attorneys-in-fact to be used for the benefit and behalf of our child:

I. Travel and Transportation

- a. To purchase tickets and travel permits;
- b. To arrange transportation and travel plans;
- c. To accompany child during travel;
- d. To remove our child from Denmark and take our child out of the EU;
- e. To travel with our child by airplane, train, bus, boat or motor vehicle;
- f. To sign and deliver any releases of liability or consents to participation that may be needed in order for our child to join in and participate in activities, experiences and travel; and,
- g. To arrange and authorize evacuation or emergency transportation.

Medical Care and Treatment

- a. To arrange, authorize or withhold authorization for medical or dental care, hospitalization and surgical procedures;
- b. To authorize admission to clinics, hospitals, laboratories, surgeries or doctors' offices;
- c. To enter into agreements for care and to incur costs, fees and expenses for care;
- d. To arrange for discharge, transfer from, or change in type of care;
- e. To arrange for consultation, diagnosis or assessment as may be required for proper care and treatment; and,
- f. To authorize and dispense medicines, drugs, prescriptions, therapies and rehabilitative treatments, such as epi-pens, syringes, inhalers, nebulzces, etc.

111. Rights and Duties

- a. To act in loco parentis, to have all rights, duties and responsibilities that a parent has for a child, to treat our child as their child, and to do things necessary to ensure our child's safety and well-being;
- b. To take actions necessary to properly care for our child and to permit our child to fully engage in all planned activities and aspects of the trip; and,
- c. To determine, in their sole discretion and judgment, such services that may become necessary for our child during his/her participation in, travel to, and return from Zanzibar, Tanzania

DATO FOR UNDERSKRIFT

We have signed our names to this Durable Power of Attorney this day: _____

Father and lawful guardian: _____ and/or Mother and lawful guardian: _____

FARS NAVN

MORS NAVN

FARS UNDERSKRIFT

MORS UNDERSKRIFT

Signatures: _____
