Home Phone: _____
Work Phone: _____

STATE OF NEW YORK)
) SS:
COUNTY OF ALBANY)

I, _____, being duly sworn, deposes and says:

1. That _____ and _____ are the parents and/or legal guardians of _____

Student's Name

born on _____ and resides at

_____

_____.

2. That during the period from Friday 5/21/04 to Saturday 5/22/04 he/she will be sojourning with Theresa Herman, with my full consent and permission.

3. That in the event it is necessary for any emergency treatment or any other action to take place, hereby grant Theresa Herman all the powers that I have, had I been present, and designate Theresa Herman to act in loco parentis with regard to said _____ during the period of time hereinabove set forth.

Student's Name

_____

Parent's Signature

Sworn to me before this _____ day of _____

_____
Notary Public.