



**TEMPORARY DELEGATION OF PARENTAL POWERS
FOR OVERNIGHT SCHOOL TRIPS OR ACTIVITIES
HEARTLAND COMMUNITY SCHOOLS**

I, _____ (parent's full name) of
_____, (city where you reside) Nebraska, do make and appoint
Heartland Community Schools of Henderson, Nebraska and its official representatives to act for
me and in my name to exercise all my powers regarding the care, custody and property of
_____, (child's full name)
born _____, (child's date of birth) except my power to
consent to marriage and adoption of the child.

I hereby give Heartland Community Schools and its official representatives full authority and
power to do everything necessary to be done, as fully as I could or might do if personally
present, for a period not exceeding six months beyond this date.

I confirm and ratify all lawful acts done, or caused to be done by Heartland Community Schools
or its official representatives acting under this Delegation of Powers regarding the care, custody
and property of my child. This Delegation of Parental Powers may be revoked by me at any time
before the expiration of this six-month period by written notice to the Superintendent of Schools,
Heartland Community Schools, Henderson, Nebraska.

WITNESS my hand this ____ day of _____, 20__.

(your signature)

Acknowledgment

State of Nebraska

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__
by _____

Affix Seal

(Notary Public Signature)