

Dear Parents,

We are planning on taking the students to Lynn Ary Park on May 19th, 2011. We will start loading the buses at 8:45 in the morning and will return to Steller by 2:00 pm. On the back of this letter is a permission slip form. It is imperative that we have a permission slip form for every student. If your child does not return this slip to their advisor by May 2, 2011, they will remain at school for the day. There will be an opportunity for students to ride their bikes to Lynn Ary from Steller. This needs to be decided in advance in order to ensure that we can account for everyone. Students must wear a helmet in order to ride their bike. If your student shows up without a bike or a helmet they will be put on the bus. All students planning on attending must either ride the bus or bike from Steller with the teacher sponsor.

Thank you for your support.

_____ I have signed the permission on the back of this sheet. My child will be riding the bus.

_____ I have signed the permission on the back of this sheet. My child will be riding their bike from Steller. I understand that my child must have a helmet

_____ My child does not have my permission to attend the field trip. I understand the my child will remain at school in an alternate activity.

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

Parent Permission for Activities and
Authorization for Emergency Medical Treatment

To: Steller Secondary School Date: 4/7/11
(Name of school)

I/we hereby give permission for our son/daughter _____
to attend the All school Activity Day
(Activity)

In Lynn Amy Park on 5/19/2011
(Location) (Date)

I/we understand that he/she will be traveling to this function via _____
and that proper supervision and chaperoning will be provided by the Anchorage School
District.

It is agreed that _____
(Student name)
will abide by all rules and regulations imposed by the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or
hospitalization deemed necessary for the welfare of my son/daughter by a licensed
physician, dentist, qualified nurse or hospital in the event of injury or illness while
he/she is participating in the above stated activity. I/we understand that the district
will assume no liability or costs for such emergency transportation and medical
treatment. I/we also understand that the Anchorage School District does not carry
accident medical insurance for students and that such insurance coverage is my
responsibility.

Dated in _____, Alaska, this _____ day of
_____, 2_____.

Signature of Parent or Guardian

Signature of Student