

**8<sup>th</sup> Grade Fall Orientation Geocaching Permission Slip for August 22<sup>nd</sup>, 2013**

Dear Parents,

We are planning on taking the **8<sup>th</sup> grade students** geo-caching on August 22<sup>nd</sup> from 8:30-12:00. We are planning on driving from Steller to the Park Strip, where students will walk in groups, along with an adult, throughout the downtown area looking for geo-caches. Students will then return to the school via parent drivers by noon.

**We are looking for a few parent volunteers** who would be willing to drive a group of students to and from Steller and walk around with them (no more than 5 students per group) while they geo-cache. GPS experience is not necessary.

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 class sponsor they will be unable to attend this activity.

***Please return this form with your child on the first day of school, August 21<sup>st</sup> or you may drop it off at the main office any time prior.***

Thank you for your support. Questions? Feel free to contact me at: [neff\\_jennifer@asdk12.org](mailto:neff_jennifer@asdk12.org)

Please fill out the portion below if you are able to volunteer or if your child will have access to a GPS.

\_\_\_\_\_ I am available to drive a group of students to and from Steller and walk with them around downtown. **I will be at Steller at 8:30am**

My car can hold \_\_\_\_\_ students (each student will have a seat belt)

Contact email: \_\_\_\_\_ or phone: \_\_\_\_\_

\_\_\_\_\_ My child will have a GPS device for him/her to use, on the day of the activity

\_\_\_\_\_ My child will have a smart phone that has a GPS with the app "Geocaching intro" by groundspk (free)

ANCHORAGE SCHOOL DISTRICT  
ANCHORAGE, ALASKA

**Parent Permission for Activities and  
Authorization for Emergency Medical Treatment**

To: \_\_\_\_\_ Date: \_\_\_\_\_

I/we hereby give permission for out son/daughter \_\_\_\_\_

to attend the \_\_\_\_\_

in \_\_\_\_\_ on \_\_\_\_\_

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 \_\_\_\_\_

will abide by all rules and regulation 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of parent \_\_\_\_\_

Signature of student \_\_\_\_\_