

Anchorage School District
Parent Field Trip Permission Form and
Authorization for Emergency Medical Treatment

To: Steller Secondary
(Name of School)

I/we hereby give permission for our student _____
(Student Name)

to attend the Senior Camping Trip
(Activity)

at/in Eklutna Campground on Aug. 20-21st
(Location) (Activity Date)

I/we understand that he/she will be traveling to this function via Cars
(Type of Transportation)

Supervision and chaperoning will be provided by the Anchorage School District.

It is agreed that the student will abide by all rules and regulations of the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my student by a medical professional or medical facility 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 insurance coverage is my responsibility.

I understand that the District does not provide students with accident insurance, however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

Signature of Parent or Guardian Date signed _____

Signature of Student

Emergency Contacts during time of trip:

Name _____ Phone # _____ Relationship to Student: _____

Name _____ Phone # _____ Relationship to Student: _____

Name _____ Phone # _____ Relationship to Student: _____

Please look on the back for more info.

Volunteers Needed

Drivers:

_____ I can drive students to

Eklutna Campground on Wed. Aug. 20
at 12:30. I have room for

_____ students.

_____ I can drive students from

Eklutna Campground ~~to~~ School on Thursday
Aug. 21 at 10:00 Am. I have _____ seats.

We have a reasonably sized tent that
sleeps _____ that students could use.

Please give us your contact info. below: (Email + #)