

**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 Sophomore Day  
(Activity)

at/in King Career Center (KCC) on April 10, 2015  
(Location) (Activity Date)

I/we understand that he/she will be traveling to this function via ASD bus  
(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: \_\_\_\_\_