

11th grade overnight camping trip August 22

Commitments are needed for the 11th grade overnight camping trip on August 22, 2016:

Who: Steller 11th grade class

When: Leave Steller Monday August 22nd at 11:30am return to Steller Tuesday August 23rd at 12:30pm

Where: Crow Creek Mine (in Girdwood)

Cost: \$35 (includes food, camp fees and gold panning) or \$42 (if we also rent the covered pavilion—planning committee will decide later this week) please don't hold your kiddo back if the cost is a burden—contact me (907-360-9850) or Reed (907-742-4950) directly.

We need:

- * Parent drivers with seats for 35-45 students (have 21.5) –its possible we may be able to get a bus but right now the day won't happen without committed carpool drivers.
- * Chaperones. Need 6-10 (have 2—maybe 3) Split between the following activities:
 - gold pan
 - hike
 - cook/serve meals
- * Volunteers not sure how many needed (have none). (may, but don't have to go on trip):
 - shop for and pack up food—lists & money will be provided.
 - organize gear and food into a trailer.
- * Donors (may, but don't have to go on trip):
 - tent space. Need 55 just in case (have 46)
 - sleeping bags if you have them—kids can bring regular bedding too.
 - waterproof tarps
 - other things I have not yet thought of...I'll keep you posted!

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

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

To: _____ Date: _____
(Name of school)

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

in _____ on _____
(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