

8th grade class hike August 23

On **Tuesday August 23, 2016** Steller's 8th grade class will be heading out for a team-building hike from Glenn Alps towards Hidden Lake.

We will be leaving Steller first thing in the morning at 8:30am and returning after lunch, at 12:30pm.

We will need parent drivers and chaperones to drive all 55 students and hike with us.

If you are able to drive, please email Leigh Anne Bonney at bonney_leigh@asdk12.org with the number of students you can drive, your name, your student's name, and a contact phone number. Permission slips can be dropped off at Steller or brought in the first day of school on **Monday August 22, 2016**.

More information about what to bring will be sent out closer to hike day, but students will need to be prepared to be outside all morning and will need to bring a rain coat, water, and lunch.

This is an easy hike that all students should be able to do unless they are injured or unable to participate in physical activities. Please feel free to email Leigh Anne with specific questions.

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