

ANCHORAGE SCHOOL DISTRICT  
ANCHORAGE, ALASKA

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

To: Steller Secondary School Date: \_\_\_\_\_  
(Name of school)

I/we hereby give permission for our son/daughter \_\_\_\_\_  
to attend the Anchorage Alaska College and Career Fair  
(Activity)

in Alaska Airlines Center, UAA on October 17, 2016  
(Location) (Date)

I/we understand that he/she will be traveling to this function via School bus  
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