

STELLER SOPHOMORE DAY – Permission Slip

Friday, April 14, 2017

8:30 AM - 2:05 PM

King Career Center – Meeting room 1

Each year Steller conducts an educational program for the sophomore class. The emphasis is on pertinent life issues affecting youth. This is a full day workshop that features guest speakers from the community. The purpose of this event is to present students with current and accurate information.

This year, our day includes many prevention-based presentations:

- Psychology Resource – Substance Abuse and Electronic Use
- Suicide Awareness – Sonya Davis
- ID Theft & Social Media Scams – Michelle Tabler

Parent permission is required to attend this workshop; there are **two separate consent forms**, this one and one below called authorization for emergency medical treatment, if needed. Our goal is to have every Steller sophomore attend this important event. Students can find anything on the Internet these days, but not everything is factual. The importance of reinforcing information related to these adolescent issues couldn't be overemphasized and teens need to be provided with the facts to help them make wise decisions.

Students will be excused from classes if they attend the full-day workshop. However, students without permission must attend regularly scheduled classes.

Parent group and tenth grade parent volunteers will be providing lunch. We will be enjoying lunch on site due to time constraints on the speakers' schedule.

An ASD bus will transport students to and from King Career Center and will **depart promptly at 8:40**. Student will be returned to Steller by 2:05 PM. All students are expected to ride the bus.

Please call Nurse Annette at 742-4963 if you have any questions or concerns regarding Sophomore Day.

I give my child, _____, permission to attend Sophomore Day.

Parent/guardian signature: _____

FORMS MUST BE **RETURNED TO NURSE ANNETTE BY TUESDAY, APRIL 11TH**



Anchorage School District
Anchorage, Alaska
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 Sophomore Day
(Activity)

at King Career Center - Meeting Room 1 on April 14, 2017
(Location) (Activity Date)

I/we understand that the student 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 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 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

Date signed _____

Emergency contacts during time of trip:

Name _____ Phone # _____ Relationship to Student: _____

Name _____ Phone # _____ Relationship to Student: _____