## Anchorage School District Parent Field Trip Permission Form and Authorization for Emergency Medical Treatment

To: Serv	ice Higl	h School							
	(Na	me of School)							
I/we hereby	give perm	ission for ou	ır student						
						(Student	Name)		
to attend the	co:	LLEGE FAIR	AT UAA						
			(Acti	vity)					
at/in	Alaska	Airlines	Center	at	UAA	on	10/10,	9:45am -	11 <b>:</b> 30am
	(Location)					(Activity Date)			
I/we underst	and that h	ne/she will b	oe travelir	ng to	this	function	via <u>Sc</u>	hool Bu	S
				-			(Тур	e of Transp	ortation)

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 Gua	ardian	Date signed	
Signature of Student		Student Cell Phone	
Emergency Contacts	during time of trip	:	
Name	Phone #	Relationship to Student:	
Name	Phone #	Relationship to Student:	
Name	Phone #	Relationship to Student:	
NOTE: PERMISS	ION FORM MUST BE RETU	RNED TO YOUR COUNSELOR BY OCTOBER 8	