

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