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

To: __________________________________________
   (Name of School)

I/we hereby give permission for our student _____________________
   (Student Name)

to attend the __________________________________________
   (Activity)
at/in __________________________________________ on __________________
   (Location)           (Activity Date)

I/we understand that he/she will be traveling to this function via __________________
   (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 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.

__________________________________________ Date signed________________________
Signature of Parent or Guardian

__________________________________________
Signature of Student

Emergency Contacts during time of trip:

Name_________________________ Phone # ____________ Relationship to Student:_______________

Name_________________________ Phone # ____________ Relationship to Student:_______________

Name_________________________ Phone # ____________ Relationship to Student:_______________