

ANCHORAGE SCHOOL DISTRICT
ANCHORAGE, ALASKA

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

To: Highland Tech High School Date: _____
(Name of school)

I/we hereby give permission for our son/daughter _____

to attend the Robotics Presentation to the IEEE Engineers
(Activity)

in Sourdough Mining Company / 5200 Juneau Street on Wed, Feb.125, 2009
(Location) (Date) (11:00 am - 1:30 pm)

I/we understand that he/she will be traveling to this function via 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 Anchorage, Alaska, this _____ day of _____, 2009.

Signature of Parent or Guardian

Signature of Student

Advisor