PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name | **Student First Name** | **MI** | **Date of birth** | **Grade**

_____/_____/_____

Phone | **School**

To comply with the requirements of the Alaska Department of Education and Early Development regulation 4 AAC 06.115, indicate what gender the student was assigned at birth:

☐ Male ☐ Female

PARENT/GUARDIAN

Parent/Guardian Last Name | **Parent/Guardian First Name** | **MI**

Address | **City** | **Zipcode**

Email

CONSENT FOR PARTICIPATION AND PHOTO/VIDEO RELEASE

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I give my consent for the the above named student to accompany the group as a member on out-of-town trips.

I hereby grant to the ASAA the right to record, as it relates to participation in an ASAA activity, the image and/or voice and use the artwork and/or written work of myself and/or my child on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I further grant the right to use, and to allow others to use, my and/or my child's image, voice, artwork, and/or written work on the internet, television, in brochures, and in any other electronic or print medium.

I hereby release the ASAA and their successors using my and/or my child's image and/or voice, artwork, and/or written work pursuant to this media release from any and all claims, damages, liabilities, costs and expenses which I and/or my child now have or may hereafter have by reason of any use thereof. I understand this release means that I and/or my child are to receive no compensation with respect to the use described above. I also hereby relinquish any right that I or my child may have to examine or approve any completed media product that may be used by the ASAA.

Parent/Guardian name (please print) | **Parent/Guardian signature** | **Date**

_____/_____/_____

PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

HEALTH CONDITIONS

For the wellfare of the above named student, it would helpful to know if they have any of the following medical conditions (not required):

- ☐ Allergies (explain):_____
- ☐ Asthma
- ☐ Cardiac Condition
- ☐ Diabetes
- ☐ Prosthetic
- ☐ Seizure Disorder
- ☐ Other (explain):_____
- ☐ None

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, cerified community health aid, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows:
- ☐ Native Health Service
- ☐ Military
- ☐ Private Insurance Carrier
- ☐ I assume financial responsibilities for injuries.

Name of Insurer:_____ Policy Number: _____

Phone of Insurer:_____

Parent/Guardian name (please print)

Parent/Guardian signature

Date _____/_____/_____

Parent/Guardian phone number

Parent/Guardian emergency phone number

Personal Physicians Name

Personal Physicians phone number