

# PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

## STUDENT

<b>Student Last Name</b>	<b>Student First Name</b>	<b>MI</b>	<b>Date of birth</b>	<b>Grade</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Phone</b>	<b>Email</b>
<input type="text"/>	<input type="text"/>

**School**

## PARENT/GUARDIAN

<b>Parent/Guardian Last Name</b>	<b>Parent/Guardian First Name</b>	<b>MI</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address</b>	<b>City</b>	<b>Zipcode</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Primary Phone</b>	<b>Secondary Phone</b>
<input type="text"/>	<input type="text"/>

**Email**

## CONSENT FOR PARTICIPATION

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 also give my consent for the the above named student to accompany the group as a member on out-of-town trips.

<b>Parent/Guardian name (please print)</b>	<b>Parent/Guardian signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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.

<b>Parent/Guardian name (please print)</b>	<b>Parent/Guardian signature</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

**Continuation**

## HEALTH CONDITIONS

For the welfare 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, certified 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     Private Insurance Carrier  
 Military     I assume financial responsibilities for injuries.

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Phone of Insurer: \_\_\_\_\_

<b>Parent/Guardian name (please print)</b> <input style="width: 90%;" type="text"/>	<b>Parent/Guardian signature</b> <input style="width: 90%;" type="text"/>	<b>Date</b> <input style="width: 90%;" type="text"/>
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<b>Parent/Guardian phone number</b> <input style="width: 90%;" type="text"/>	<b>Parent/Guardian emergency phone number</b> <input style="width: 90%;" type="text"/>
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<b>Personal Physicians Name</b> <input style="width: 90%;" type="text"/>	<b>Personal Physicians phone number</b> <input style="width: 90%;" type="text"/>
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