



MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

STUDENT PERMISSION SLIP TO PARTICIPATE

Student Name	<input type="text"/>	School	<input type="text"/>
Activity/Event	<input type="text"/>	Date	<input type="text"/>
Time	<input type="text"/>	Fees	<input type="text"/>
Location	<input type="text"/>		

As the parent or guardian of this student I hereby release, waive, discharge, indemnify and agree to hold harmless the Matanuska-Susitna Borough School District, its agents, officers, employees and volunteers, from all liability to me, my spouse, or my child from any and all loss and personal injury, including in jury resulting in death, arising out of or resulting from the above described activity/event.

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.

I understand that accidents may occur. If first aid is required, it may be provided by the school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal/residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse and the above named child any liability of the school district and of its agents or employees arising out of such medical treatment.

Date	<input type="text"/>	Parent/Guardian Signature	<input type="text"/>
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Emergency Contact Phone	<input type="text"/>
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Special instructions or information regarding my child	<input type="text"/>
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