



MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

STUDENT PERMISSION SLIP TO PARTICIPATE

Student Name School

Activity/Event Date

Time Fees

Location

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 injury 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 Parent/Guardian Signature

Emergency Contact Phone

Special instructions or information regarding my child