12th grade overnight camping trip August 22

It's your first day of your last year of school, so let's get off to a great start! We will be leaving Steller on Monday, August 22nd around noon to go camping for the night at Eklutna Lake. Please come to school with the following items and your permission slip!

Individual Packing list:

Sleeping bag

Sleeping pad

Change of clothes (think cold, wet weather)

Sleepwear

Coat/jacket/rain pants

Hat/gloves if cold

Toiletries (toothbrush/paste, hairbrush, etc.)

Water bottle

Mug for hot cocoa

Packed lunch for Monday

Optional- flash light, books

Group items (if you have some to share)

Tent

Tarps

Games

We will be outside the whole time so please come prepared. We'll have a great time adventuring and enjoying the great outdoors!

Parent volunteers to shop for and transport food/gear, as well as chaperone are appreciated.

Contact Mike or Ashley with questions or to volunteer.

Moore_michael@asdk12.org or vanhemert_ashley@asdk12.org

ANCHORAGE SCHOOL DISTRICT ANCHORAGE, ALASKA

Parent Permission for Activities and Authorization for Emergency Medical Treatment

To:	Date:
To:(Name of scho	pol)
	our son/daughter
to attend the	
	(Activity)
in	on(Date)
(Location)	(Date)
and that proper supervision and District.	ll be traveling to this function via chaperoning will be provided by the Anchorage School
It is agreed that	(Student name)
will abide by all rules and regula	(Student name) ations imposed by the School District authorities.
hospitalization deemed necessa ohysician, dentist, qualified nu ne/she is participating in the al will assume no liability or co treatment. I/we also understar	ency transportation, medical treatment, care or bry for the welfare of my son/daughter by a licensed rse or hospital in the event of injury or illness while bove stated activity. I/we understand that the district sts for such emergency transportation and medical and that the Anchorage School District does not carry r students and that such insurance coverage is my
Dated in	, Alaska, this day of
, 2	Signature of Parent or Guardian
	Signature of Student