10th Grade Orientation-Camping at Portage

Dear Parents,
Attached are the forms that need to be signed and returned for your son/daughter to participate in the 10th grade orientation camping trip at Williwaw Campground at Portage Lake. We are looking for parent drivers and chaperones. Please look over the needs below and put a check next to any items you are able to help with. Thanks!

Camping trip to Portage on Tuesday, August 21st:

_____ Driving to ~~Eklutna~~ Williwaw Campground at 12:00 on August 21st
_____ Camping with us and staying overnight
_____ Driving back from the campground at 10:30 on Wed. the 22nd
_____ I can provide a bundle of firewood

If you indicated that you can drive, how many seats do you have available for students? _____

Drivers will need to fill out a driver form and turn it into the office prior to driving students, along with a copy of their license and insurance card.

Student's name _____
Parent's name _____
Contact email _____
Contact cell # _____

Students will be in charge of bringing tents and making sure they know how to set them up. If you do not have a tent, your student will share one with others. Also if they do not have a sleeping bag or pad, please indicate below, so we can find them one.

_____ My child needs to borrow a sleeping bag and pad.

Anchorage School District
Parent Field Trip Permission Form and Authorization for Emergency Medical Treatment

To: Steller Secondary
(Name of School)

I/we hereby give permission for our student _____
(Student Name)

to attend the 10th Grade Orientation Camping Trip
(Activity)

at/in Williwaw Campground, Portage on Aug. 21 - 22nd
(Location) (Activity Date)

I/we understand that he/she will be traveling to this function via Parent drivers
(Type of Transportation)

Supervision and chaperoning will be provided by the Anchorage School District.

It is agreed that the student will abide by all rules and regulations of the School District authorities.

I/we consent to any emergency transportation, medical treatment, care or hospitalization deemed necessary for the welfare of my student by a medical professional or medical facility in the event of injury or illness while he/she is participating in the above stated activity. I/we understand that the district will assume no liability or costs for such emergency transportation and medical treatment. I/we also understand that insurance coverage is my responsibility.

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.

_____ Date signed_____
Signature of Parent or Guardian

_____
Signature of Student

Emergency Contacts during time of trip:

Name_____ Phone # _____ Relationship to Student:_____

MEDICATION REQUEST—~~OUT OF DISTRICT TRAVEL~~ overnight--SECONDARY

USE FOR: *PRESCRIPTION MEDS* *EMERGENCY MEDS*
INHALERS *OVER THE COUNTER MEDS*

The Anchorage School District will assist students or parents of students whose health care provider has prescribed short-term medicines not to exceed the duration of the trip. **The medication must be delivered in a labeled pharmacy container with the student name.** *ONLY CURRENT PRESCRIPTIONS WILL BE ADMINISTERED. (Must include over the counter medications such as ibuprofen, Tylenol, etc.)*

Student Name: _____ Age: ____ Grade: ____ School: _____

Medication Name	Daily Dosage		Time to be given			Begin Date	End Date	Possible Side Effects
	AM	PM	AM	PM	Other			

Healthcare Provider: _____ Phone: _____

Pharmacy: _____

Medication requests must be deemed necessary to improve or maintain student health and participation in the school program.

****Epipens/Twinjects and an Allergy Action Plan MUST be supplied by parents for ALL KNOWN anaphylactics.**

PARENT STATEMENT

As parent/guardian of the above named student, I request the Anchorage School District to give medication to my child for the following condition: _____

_____

_____

I understand that in the absence of the school nurse (ie, during a field trip), other school personnel will administer the medication. I agree to defend and hold the school district employees harmless from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. **I will notify the school immediately if the medication is changed and understand that the nurse may contact the health care provider or pharmacist regarding this medication.** ***I understand that this medication will be destroyed unless picked up by the conclusion of this trip.***

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____

School Nurse Signature: _____ **Phone:** _____ **FAX:** _____

typ 10 N 00

Medication Tracking Chart
Please Print Clearly

1st Medication Description: _____

Date	Time	Initials	Date	Time	Initials

2nd Medication Description: _____

Date	Time	Initials	Date	Time	Initials

3rd Medication Description: _____

Date	Time	Initials	Date	Time	Initials

Gear list:

Camp/cooking gear

Sleeping bag
Sleeping pad
3+person tent (if signed up to bring one)
Water bottle
Mug
Flashlight/headlamp
Book (optional)
Cards (otional)

Clothing/personal items

Rain coat
Rain pants (recommended)
Long Sleeve Shirt
Pants
Sweater/sweatshirt/fleece
Socks (2 extra pairs)
Tennis/hiking shoes
Hat and gloves
Bug repellant
Sunscreen
Medication, if you need any-This needs to be on your health form and turned into the nurse on Monday during registration

Food

2 lunches-for Tuesday and Wednesday
Snack item to share with the group at camp (bag of chips, trail mix, etc.)

We will provide dinner (hot dogs and smores) and breakfast (oatmeals, muffins, etc)

*If you have any dietary restrictions, please bring your own food.

Questions? Email Leigh Anne, Troy, or Simone from the Steller website

* All gear should be contained in a duffel or backpack.

10th Grade Orientation-Camping at Portage

Dear Parents,
Attached are the forms that need to be signed and returned from your son/daughter to participate in the 10th grade orientation camping trip at Williwaw Campground at Portage Lake. We are looking for parent drivers and chaperones. Please look over the needs below and put a check next to any items you are able to help with. Thanks!

Camping trip to Portage on Tuesday, August 21st:

_____ Driving to Eklutna Campground at 12:00 on August 21st
_____ Camping with us and staying overnight
_____ Driving back from the campground at 10:30 on Wed. the 22nd
_____ I can provide a bundle of firewood

If you indicated that you can drive, how many seats do you have available for students? _____

Drivers will need to fill out a driver form and turn it into the office prior to driving students, along with a copy of their license and insurance card.

Student's name _____
Parent's name _____
Contact email _____
Contact cell # _____

Students will be in charge of bringing tents and making sure they know how to set them up. If you do not have a tent, your student will share one with others. Also if they do not have a sleeping bag or pad, please indicate below, so we can find them one.

_____ My child needs to borrow a sleeping bag and pad.

Anchorage School District
Educating All Students for Success in Life

VOLUNTEER DRIVER FORM

In completing this form one week prior to the first field trip, I am volunteering to provide pupil transportation on an individual basis for school sponsored programs, i.e., field trips, etc., at ____ _____School for the _____ school year.

I understand and agree as shown by my initials below that each of the following conditions are met:

_____ I am at least 21 years of age and have a current and valid driver license (**attach** copy).

_____ I maintain auto liability insurance in the minimum amount of $100,000/$300,000 bodily injury and $25,000 property damage and will maintain such coverage throughout the school year (proof of insurance showing the limits **attached**).

_____ I maintain a current vehicle registration (copy **attached**).

_____ The vehicle is equipped with operational seat belts.

_____ I have no DUI convictions within the past 3 years and no pending DUI cases.

_____ I am not a registered sex offender or registered child kidnapper.

While driving students, I understand and agree to abide by the following rules:

_____ I will have no firearm or weapon on my person or in the vehicle while transporting students.

_____ I will not utilize a cell phone for any reason while the vehicle is in motion.

_____ I will not be under the influence of, or have on my person or within the vehicle, any level of alcohol or drugs. I will not be under the influence of any medication that may impair my ability to operate the vehicle safely.

_____ I will not smoke, use tobacco products, or permit smoking or use of tobacco products while driving students. No tobacco products will be visible to students.

_____I will notify the school immediately if there is a vehicle delay or accident.

_____ I will not transport a lone student who is not a family member.

_____ I will insure that all occupants are wearing a seat belt at all times whenever they are in the vehicle.

_____ I will use a booster seat for students under age eight (8), unless the child has reached four foot-nine inches (4' 9") in height. (If a booster seat is required, the child's parent will provide it.)

_____ If my vehicle is equipped with a front passenger side air bag (**S**upplemental **R**estraint **S**ystem), I will not allow any student 12 years of age or under to ride in the front passenger seat unless the system has an on-off switch and is turned off.

Dated at Anchorage, Alaska this _____ day of _____, 20___

_____ _____

Full Legal Name (please print) Signature

_____ _____

Phone Address

Distribution: Original to School file, Copy to Parent/adult volunteer

ASD Form RM #014 Revised 12/2/2015