

**STUDENT ACTIVITY PERMISSION SLIP**

**SA-2**

School \_\_\_\_\_

I consent to the participation of my child/ward, \_\_\_\_\_  
Student's name

in the following school activity \_\_\_\_\_  
Description of specific activity

The activity is to be held \_\_\_\_\_  
Inclusive dates

I understand that the activity will involve travel from \_\_\_\_\_ to \_\_\_\_\_  
Place(s) of Activity

**Clothing**

I agree that appropriate clothing is required for student travel and that specific cold weather gear, i.e. warm coat, pants, boots, gloves, and hat may be required for student safety. If, in the judgement of the local site administrator, a student is not appropriately dressed for a school sponsored trip, he/she will not be permitted to travel.

**Medical**

I also authorize the Bering Strait School District, for the duration of the above activity/trip to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to my child under the general or specific supervision and on the advice of any physician, or surgeon licensed to practice in the State of Alaska or \_\_\_\_\_  
Other State/Country

Are there any special medical considerations such as diabetes or allergies that the health care provider(s) should be aware of? If so what are these special conditions: \_\_\_\_\_  
\_\_\_\_\_

Name of Parent(s) Medical/Health Insurance Provider \_\_\_\_\_ # \_\_\_\_\_

Dated \_\_\_\_\_ at \_\_\_\_\_, Alaska

\_\_\_\_\_  
Chaperone

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Air Carrier

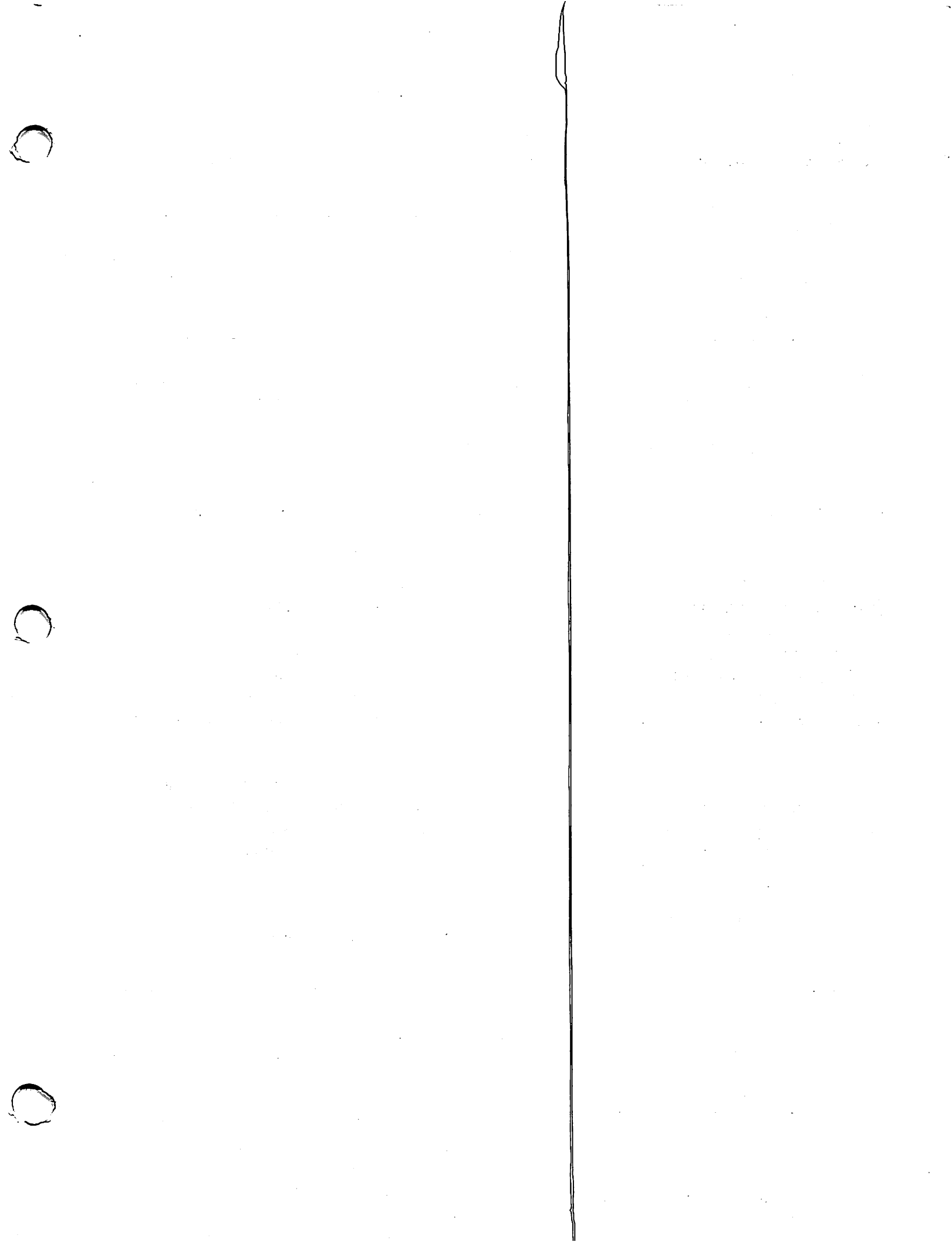
\_\_\_\_\_  
Student

\_\_\_\_\_  
Aircraft

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

*Note: Attach this activity permission slip to the Request for Trip Approval. This MUST be completed before a student can travel.*



**J.1105 Student Accidents and First Aid**

1. Teachers may not dispense medicine or prescribe treatment for students.
2. Parents are responsible for the medical treatment of their children. The district
3. is not responsible for providing medical treatment or medical transportation
4. for students. At each school procedures shall be developed for the proper
5. handling of emergencies for all district sponsored activities. Those procedures
6. shall be made known to the staff and shall include all of the following:
  7. A. A trained medical person shall be responsible for administering medical
  8. treatment.
  9. B. In all cases, where the nature of the illness or injury appears in any way
  10. serious, every effort should be made to contact the parent/guardian so that
  11. the parent can arrange for medical attention.
  12. C. Students who are ill or injured shall not be sent home alone. If it is judged
  13. that the student should leave school, the parent/guardian must be
  14. contacted, and arrangements for the student's transportation and
  15. subsequent care should be made.
  16. D. In all cases where there is a question of whether the student should be
  17. transported to a doctor or a hospital, recommendation shall be made by an
  18. appropriate health official with the parent/guardian making the final
  19. decision. If the parent/guardian does not agree with the health official's
  20. recommendations for transportation, and/or medical services, then medical
  21. care should be arranged by the parent/guardian.
  22. E. In extreme emergencies, where the parent/guardian is not available, the
  23. school administrator, or person in charge, may make arrangements for
  24. immediate medical treatment and/or hospitalization of injured or ill
  25. pupils, contacting the parent/guardian as soon as possible.
  26. F. The teacher or other staff member to whom the child is responsible at the
  27. time an accident occurs shall make out a report on an official form
  28. providing details about the accident. This shall be required for every
  29. accident requiring first aid, or when medical attention is given. A copy of
  30. the form shall be sent to the teacher or other staff member's immediate
  31. supervisor, and to the Superintendent or his designee.

Authority:  
Board Action  
4AAC07.030

Adoption/Revision Dates:  
First Reading: 11/5/92  
Second Reading: 2/9/93

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_ have read,  
understand and accept the BSSD Board policy above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

