



# Anchorage Christian Schools

Preschool • Elementary • Junior High • Senior High • Learning Center

## PERMISSION FOR EMERGENCY CARE

Realizing that ACS does exercise caution and safety for its students, I give Anchorage Christian Schools permission for my child to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises. I further agree to hold ABT/ACS and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent because of any injury or alleged injury to my child(ren).

List names and grades of children

\_\_\_\_\_

I hereby give my consent for the above student(s) to engage in ASAA or School District approved interscholastic activities as a representative of his/her school, except those crossed out on the ASAA Health Examination Form by the examining physician and if WRESTLING, approval of the weight class listed. I also give my consent for the above named student(s) to accompany the team or group as a member on its out-of-town trips. I understand the local Board of Education, ACS or ASAA does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the inter-school program. I also understand that accident insurance coverage is my responsibility.

Insurance Coverage: ( ) Native Services ( ) Military ( ) Family ( ) None, I will assume financial responsibility

Insurance Company Name \_\_\_\_\_

Group or Policy # \_\_\_\_\_ ID Number \_\_\_\_\_

## CONSENT FOR EMERGENCY TREATMENT FOR INJURIES

I, \_\_\_\_\_ hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child(ren), 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 an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District, ABT/ACS, any of its agents or employees, arising out of such medical treatment.

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

Dated in Anchorage, Alaska this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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