



Parent/Guardian Field Trip Permission

**There is no cost to you or the school for this field trip.*

Your child’s class has been invited to participate in the Kids2Careers program. The Kids2Careers program is sponsored by The Alaska Commission on Postsecondary Education, in partnership with Alaska 529, Alaska School Districts, and Alaska Postsecondary Institutions (collectively referred to as Program Sponsors & Funding Partners).

The primary objective of this program is to provide students with information and awareness on preparing and planning for college and career exploration. After completing a 6-lesson curriculum at school, the program will culminate with a 1-day campus visit.

Students will be provided with a college experience on campus with an inspirational opening ceremony, campus event, engaging age-appropriate classes, and lunch. These activities should encourage dialogue about aspirations and goals, prepare students to visualize their own future, and instill the idea that going to college is possible.

WHAT: Kids2Careers field trip

WHEN: _____

WHERE: _____

TRANSPORTATION: _____

STUDENT NAME (Print): _____ **GRADE:** _____

NAME OF PARENT/GUARDIAN (Print): _____

Parent/Guardian Contact phone during the field trip: _____

Allergies or Special Concerns: _____

Release of Liability and Authorization for Emergency Medical Treatment

I hereby give permission for my student to attend the Kids2Careers Campus Event field trip.

I understand that supervision and chaperoning will be provided by the school/district, and agree that my student will abide by all rules and regulations of School District authorities.

I 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 hereby waive, release and discharge Program Sponsors & Funding Partners from any and all claims for damages or personal injury, death, or property damage which I or my student may have, or which may hereafter occur as a result of my or my student’s participation in this field trip.

I understand that Program Sponsors & Funding Partners will assume no liability or costs for such emergency transportation and medical treatment. I understand that any medical expenses or insurance coverage are my responsibility. I hold harmless and indemnify Program Sponsors & Funding Partners from all liability on my and my student’s behalf, waive my and my student’s rights to sue Program Sponsors & Funding Partners, and assume all risks of my student’s participation in this Activity. I allow my student to participate in this Activity. I understand that I am responsible for the obligations and acts of my student as described in this document. I agree to be bound by the terms of this document.

My signature below authorizes my student to participate in this group education activity. By signing below I represent that I have the authority to sign this form on behalf of the minor listed above.

Parent/Guardian Name (Printed): _____ **Relationship to Minor:** _____

Parent/Guardian Signature: _____ **Date:** _____