



## 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 ACPE – Alaska's Higher Education Agency, 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 tools to explore, prepare early, and plan for college and career training. After completing a 6-lesson curriculum at school, the program will culminate with a 1-day campus event.

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:** \_\_\_\_\_