

## Jefferson County Public Schools ACTIVITY PERMISSION FORM

I hereby permit \_\_\_\_\_

to go to \_\_\_\_\_ See Below \_\_\_\_\_ on \_\_\_\_\_ See Below \_\_\_\_\_  
(place) (date)

He/She will be transported by:

School bus  \_\_\_\_\_

Fee required  N/A \_\_\_\_\_

Private car \_\_\_\_\_

Other needs \_\_\_\_\_

Walking \_\_\_\_\_

Transportation is the responsibility of the parent \_\_\_\_\_

Other \_\_\_\_\_

(specify)

Date \_\_\_\_\_

Signed \_\_\_\_\_

Parent/Guardian

**PLEASE RETURN THIS FORM BY:** \_\_\_\_\_ September 1, 2010 \_\_\_\_\_

### Evergreen High School Marching Band Dates

#### September 2010

3 <sup>rd</sup>	Friday	4:00pm	Football Game at Trailblazer Stadium
7 <sup>th</sup>	Tuesday	4:30pm	Leadership Workshop w Dr. Tim
9 <sup>th</sup>	Thursday	7:30pm	Football Game at Trailblazer Stadium
16 <sup>th</sup>	Thursday	7:00pm	Football Game at EHS
23 <sup>rd</sup>	Thursday	6:00pm	Football Game at Trailblazer Stadium
25 <sup>th</sup>	Saturday	All Day	Cougar Stride Parade / CUBand Day at Folsom Field
28 <sup>th</sup>	Tuesday	5:00pm	Jeffco Marching Band Competition at JeffCo Stadium

#### October 2010

1 <sup>st</sup>	Friday	7:00pm	Homecoming Game at EHS
2 <sup>nd</sup>	Saturday	TBA	Friendship Cup at Englewood HS
9 <sup>th</sup>	Saturday	TBA	Armed Forces MB Invitational at Fountain-Ft Carson
11 <sup>th</sup>	Monday	TBA	Denver Regional MB Competition at Littleton HS
15 <sup>th</sup>	Friday	7:00pm	Football Game at EHS
16 <sup>th</sup>	Saturday	TBA	Legend Band Competition at Legend HS
25 <sup>th</sup>	Monday	All Day	State Marching Band Championships at Grand Jct

**Jefferson County Public School  
Domestic/International Overnight  
Travel Emergency Form**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician should his or her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here (if none, so state).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration for my daughter/son going on the see attached permission form trip, I hereby release Jefferson County Public Schools and its personnel from any legal claim arising from the administration of medication and the administration of emergency medical treatment:

**Verification of medical insurance:** Include a copy of insurance card (must show name and policy number).

**If a student does not have medical insurance**, sponsor must contact the Risk Management Department to purchase a **"Tripster" Policy**.

This authorization is for the time period beginning September 1, 2010 and ending October 31, 2010.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date