

**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 April 1, 2015 and ending May 31, 2015.

Signature of Parent

Date

PRE-ARRANGED ABSENCE FORM

SCHOOL RELATED _____ NON-SCHOOL RELATED _____

DIRECTIONS: Parent must sign and fill in the form.
 Student must obtain teachers' signatures.
 Students must return this form to the Attendance Office prior to the absence.

This form is to be used for field trips and/or any other absence that is not due to illness or family emergency. Teachers may require that students make up work before or after the absence.

In order for the absence to be excused, the student must meet one or more of the following conditions: 1) Is in good academic standing, 2) Has no unexcused absences, or 3) has four or fewer excused absences in a semester or seven or fewer in a school year.

IF TWO TEACHERS DO NOT APPROVE THE ABSENCE, THE ADMINISTRATION
 WILL NOTIFY THE PARENT THAT THE ABSENCE IS NOT AUTHORIZED.

NAME OF STUDENT _____ GRADE 9 10 11 12

REASON FOR ABSENCE _____

DATES ABSENT _____ TIME EXCUSED _____

DATE TO RETURN TO SCHOOL _____ TIME _____

PARENT SIGNATURE _____

HOME PHONE _____ WORK PHONE _____

TEACHERS: Please indicate approval/disapproval. If approved, also indicate whether or not make-up work has to be completed prior to leaving or upon return.

<u>PERIOD</u>	<u>TEACHER SIGNATURE</u>	<u>APPROVED</u>		<u>MAKE UP WORK</u>		<u>DATE TO BE COMPLETED</u>
				<u>YES</u>	<u>NO</u>	
1	_____	Yes___	No___	_____	_____	_____
2	_____	Yes___	No___	_____	_____	_____
3	_____	Yes___	No___	_____	_____	_____
4	_____	Yes___	No___	_____	_____	_____
5	_____	Yes___	No___	_____	_____	_____
6	_____	Yes___	No___	_____	_____	_____
7	_____	Yes___	No___	_____	_____	_____