

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: _____ Friday, April 8, 2016

Evergreen High School Spring Performance Dates

<u>Date</u>	<u>Event</u>
April 13, 2016 Wednesday	CHSAA Orchestra Competition , Rocky Mountain HS, Ft Collins, CO
April 28, 2016 Thursday	CHSAA Band Competition , Wasson High School, Colorado Springs, CO
May 5, 2016 Thursday	Skyline Jazz Festival , Skyline HS, Longmont, CO
May 6/7 2016 Friday/Saturday	Music in the Parks Competition , Ralston Valley HS, Arvada, CO & Elitch Gardens, Denver, CO
May 20, 2016 Friday	EHS Graduation , Red Rocks Amphitheater, Morrison, CO

**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, 2016 and ending May 31, 2016.

Signature of Parent

Date