

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: _____ August 25, 2017

Evergreen High School Marching Band Dates

September 2017

8th	Friday	7:00pm	Football Game at EHS
14th	Friday	7:00pm	Football Game at EHS
19th	Tuesday	5:00pm	Jeffco Marching Band Competition at JeffCo Stadium
28th	Friday	7:00pm	Football Game at EHS
30th	Saturday	All Day	Friendship Cup Marching Festival at Prairie View HS in Henderson CO

October 2017

6th	Friday	7:00pm	Homecoming Football Game at EHS
7th	Saturday	All Day	Legend Band Competition at Echo Park Automotive Stadium in Parker
16th	Monday	TBA	Denver Metro Regional MB Competition at Echo Park Automotive Stadium in Parker
20th	Friday	7:00pm	Football Game at EHS
30th	Monday	All Day	State Marching Band Championships at Echo Park Automotive Stadium in Parker

**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 August 21, 2017 and ending May 31, 2018 .

Signature of Parent

Date