

**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   X  

Fee required   N/A  

Private car   X  

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

Walking \_\_\_\_\_

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

Other \_\_\_\_\_  
(specify)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent/Guardian

**PLEASE RETURN THIS FORM BY:** Friday, April 6, 2018

**Evergreen High School Spring Performance Dates**

<u>Date</u>		<u>Event</u>
April 25, 2018	Wednesday	<b>CHSAA Orchestra Competition</b> , Greeley West HS, Greeley, CO
April 26, 2018	Thursday	<b>CHSAA Band Competition</b> , Greeley West HS, Greeley, CO
May 3, 2018	Thursday	<b>Skyline Jazz Festival</b> , Skyline HS, Longmont, CO
May 4/5 2018	Friday/Saturday	<b>Music in the Parks Competition</b> , Ralston Valley HS, Arvada, CO & Elitch Gardens, Denver, CO
May 18, 2018	Friday	<b>EHS Graduation</b> , 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, 2018 and ending May 31, 2018.

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

\_\_\_\_\_  
Date