

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 24, 2018 _____

Evergreen High School Marching Band Dates

September 2018

7th	Friday	7:00pm	Football Game at EHS
21st	Friday	7:00pm	Homecoming Football Game at EHS
17th	Monday	5:00pm	Jeffco Marching Band Competition at JeffCo Stadium
29th	Saturday	All Day	Friendship Cup Marching Festival at Prairie View HS in Henderson CO

October 2018

5th	Friday	7:00pm	Football Game at EHS
6th	Saturday	All Day	Legend Band Competition at Echo Park Automotive Stadium in Parker
15th	Monday	TBA	Denver Metro Regional MB Competition at Echo Park Automotive Stadium in Parker
19th	Friday	7:00pm	Football Game at EHS
29th	Monday	All Day	State Marching Band Championships at CSU Thunderbowl Stadium in Pueblo

November 2018

2nd	Friday	6:00pm	Football Game at EHS
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**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 24, 2018 and ending May 31, 2019 .

Signature of Parent

Date