

**Jefferson County Public Schools**  
**ACTIVITY PERMISSION FORM**

I hereby permit \_\_\_\_\_

to go to Spring Music Recruitment Tour 2019 (see below) on Tuesday, January 22, 2019  
Wednesday, January 23, 2019  
(place) (dates)

He/She will be transported by:

School bus   X   Fee required \_\_\_\_\_  
Private car \_\_\_\_\_ Other needs Lunch money (see below)  
Walking \_\_\_\_\_  
Transportation is the responsibility of the parent \_\_\_\_\_  
Other \_\_\_\_\_  
(specify)

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

**PLEASE RETURN THIS FORM BY:** Tuesday, January 15, 2019

**Spring Music Recruitment Tour 2018:**

**Tuesday, January 22, 2019**  
Evergreen Middle School  
Rocky Mountain Academy of Evergreen

**Wednesday, January 23, 2019 (tentative)**  
Bergen Valley Elementary  
Wilmont Elementary  
Parmalee Elementary

Students will need to bring money for student lunch on their own.

**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).

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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 January 1, 2019 and ending May 31, 2019.

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

\_\_\_\_\_  
Date