

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 ___X___

Other needs _____

Walking _____

Transportation is the responsibility of the parent _____

Other _____

(specify)

Date _____

Signed _____

Parent/Guardian

PLEASE RETURN THIS FORM BY: _____ September 20, 2019 _____

Espressivo Advanced String Orchestra Performance Dates

October 2019

8th Tuesday

8:00am

JeffCo All Leadership Meeting
JeffCo Education Center

January 2020

25th Saturday

All Day

CMEA Honor Performing Group Concert
Broadmoor Hotel, Colorado Springs, 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 August 30, 2019 and ending May 31, 2020.

Signature of Parent

Date

PARENT/GUARDIAN TRANSPORTATION AUTHORIZATION FORM

International/Domestic Overnight Student Travel or Day Trip
These Forms Are Also Used For Student Activities

The purpose of this form is to give authorization to and provide vehicle information for transporting students by private vehicle during international or domestic overnight travel or a day trip on the dates listed below.

Students may be approved to transport other students on domestic overnight travel and day trips only.

The district does not insure privately owned vehicles.

Student Travel/Transportation Authorization To be completed by Parent/Guardian and Principal

I am aware that my child, _____ will be transported by private vehicle during an approved trip to: _____ during the following date(s):

The driver(s) meets the specifications listed below and have been approved by the principal to have a valid driver's license. Driver's license and insurance information is confidential and will be kept on file with the principal.

In consideration of my child's voluntary participation in the activity listed above, I hereby release and discharge the Jefferson County School District No. R-1 and its directors, employees, representatives, and Board of Education for any claim or cause of action, rights, damages and demands of any kind or nature, known or unknown, including claims for attorney's fees and costs arising out of the aforementioned activity in which I and my child have elected to voluntarily participate.

I am aware that my student may be riding with an authorized 17 year or older driver who has a valid driver's license and is operating a vehicle which is insured and in good working condition.

- _____ My student has permission to ride with an authorized student or adult driver
- _____ My student has permission to ride with adults only (age 21 or older)
- _____ My student does not have permission to ride with an authorized driver. I will provide transportation.

Signature of Parent/Guardian	Date
Principal's Signature	Date

Driver Specifications for Parents/Staff/ Student Driver(s)

1. The vehicle being driven will be in good operating condition.
2. All students must wear seat belts.
3. The vehicle has liability insurance that meets the minimum standards of the Colorado Financial Responsibility Law.
4. The driver is at least 17 years of age or older.
5. The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
6. Under 18 years of age and driving less than 6 months there will be no one under the age of 21 as a passenger.
7. Under 18 years of age and driving less than one year and more than 6 months, there will be only one passenger under the age of 21 (Does not apply to driver's immediate family).
8. **You can not drive a vehicle carrying more than one passenger under 21 unless you have held your drivers license for at least one year.**

The following driver(s) have been authorized to transport students by private vehicle on the date(s) listed above:

_____	_____
_____	_____
_____	_____

Sponsor's Signature	Date
Principal's Signature	Date

The following information is confidential and is to be kept by the principal and is not for distribution in the Student Travel Packet.

To Be Completed By Parent/Staff Driver(s) International or Domestic Overnight Travel or Day Trip

The insurance company providing coverage for my vehicle is:	
Insurance Company Name	_____
Policy #	_____
I verify that the conditions outlined above will be complied with on this student travel experience.	
Driver's License Number	Name of Driver (please print)
_____	_____
Signature of Driver	Date
_____	_____

To Be Completed By Student Driver and Parent/Guardian of Student Driver(s) Domestic Overnight Travel or Day Trip

The insurance company providing coverage for my vehicle is:	
Insurance Company Name	_____
Policy #	_____
I verify that the conditions outlined above will be complied with on this student travel experience.	
Driver's License Number	Name of Driver (please print)
_____	_____
Signature of Student Driver	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Date License Issued	If Issued Less Than One Year, # of Months
_____	_____
Student's Date of Birth	
