

Book: District Regulations/Exhibits – Jefferson County School District R-1  
Section: J: Students  
Title: Parent/ Guardian Emergency Form  
Number: JJH-E4  
Status: Active  
Legal:  
Adopted: 04/01/2003  
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## Policy Details

### INTERNATIONAL/DOMESTIC OVERNIGHT STUDENT TRAVEL PARENT/GUARDIAN EMERGENCY FORM

Dear Parent/Guardian:

Purposeful, well organized and properly supervised travel experiences enable students to discover new worlds, stimulate interest in further learning, increase cultural awareness, bring historical events to life, provide firsthand experiences with scientific and environmental topics, develop self-assurance, enhance language skills, and solidify an appreciation of the American way of life.

Specific guidelines and appropriate administrative procedures are developed in order to screen, approve, and evaluate student travel. Also, they serve to ensure that all reasonable steps are taken for the safety of the participants, as well as to establish the highest educational value possible. However, because student travel experiences normally take place away from school property and outside of the normal school setting, they involve additional factors and risks over which the schools have no control.

For this reason, the Parent/Guardian Release Agreement is a key document in the acceptance process for a student. Please read carefully and sign the following information and conditions of participation which constitute a formal parental release. After signing this, please return to the sponsoring teacher at your school.

By signing the following, the student and parent(s)/guardian(s) expressly understand and agree that costs, expenses and fees may not be refunded if the extended travel program is canceled, altered or terminated early based upon future circumstances or events, including without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstances which may affect the health, safety and welfare of participants.

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 \_\_\_\_\_ 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 \_\_\_\_\_ and ending \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please read and sign the following Parent/Guardian Release Agreement:

**Jefferson County Public Schools Parent/Guardian Release Agreement**

\_\_\_\_\_  
Extended Travel Program

\_\_\_\_\_  
Name of Sponsor

The student whose signature(s) appears below desires to participate in the above Extended Travel Program. In consideration of the Jefferson County School District (JCSD) accepting the student in the Extended Travel Program, the undersigned student and his/her parent or guardian acknowledge and agree as follows:

1. The Extended Travel Program will take place away from school district property, may involve transportation provided by common carriers or other non-school provided means, overnight stays in hotels, motels, or other non-school district facilities, and may involve activities beyond the scope of traditional school functions conducted on JCSD property.
2. The student's participation in the Extended Travel Program is entirely voluntary and that by undertaking to have the student participate in the Extended Travel Program, the undersigned parties expressly acknowledge that such participation potentially involves risks and obligations that are impossible to predict but which are beyond the scope of those normally associated with traditional school functions conducted on JCSD property. These may include, but are not limited to, the risk of loss or damage to personal property, the risk of sickness, personal injury or death while participating in the Extended Travel Program and the obligation for payment of fees and costs associated with the Extended Travel Program. Since September 11, 2001, the risks also involve the potential for actual or threatened terrorist acts. Such acts may include, without limitation, risks of personal injury, illness, death and the loss of or damage to personal property. The risks also include that the trip may be canceled, altered or terminated early because of actual or threatened terrorist acts. In such cases, fees and expenses may not be refunded depending upon the policies of the trip organizing company and individual travel, accommodation and activity providers. Please note that trip cancellation insurance is optional.
3. The undersigned parties exempt and release Jefferson County Public Schools, its directors, officers, agents, employees, teachers, and schools from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any damage, loss, injury or death, except where the School District would otherwise be liable for such damage, loss, injury, or death under law. By signing below, the student and parent(s)/guardian(s) agree to assume all risks associated in any way whatsoever with the extended travel program. The scope of this Release and assumption of risk includes, but is not limited to:
  - Any and all claims of whatever nature for any injury, loss or both caused by any vehicle or services, strikes, war, terrorist act or threat of terrorist act, weather, sickness, quarantine, government restrictions, advisories or regulations, or from any act or omission of any airline, railroad, bus transportation, sightseeing, hotel, foreign family, or any other service or transporting company, firm, individual or agency, or for any other cause whatsoever in connection therewith.
  - Any injury regardless of nature or cause, whether resulting or not in death, to the participant of the undersigned, whether alone or in association with others.
  - Any damage or injury regardless of nature or cause to property of the undersigned or his/her participant, whether real, personal, or mixed.
  - Any financial or other obligations incurred by the undersigned or his/her participant during the program, including without limitation obligations or liabilities incurred in any country in which the program is conducted.
  - Any taking, publishing, or otherwise using photographs or films of the participant or the undersigned, either alone or with others, during the course of the program as may be deemed acceptable by JCSD. It is expressly understood that all such potential losses, damage, injury or death are not known and cannot be determined as of the date of this Agreement, but it is the express intent of the undersigned parties that this Release and assumption of risk apply to any and all such unknown damage, loss, injury, or death.

4. The undersigned parties agree to pay all applicable costs, expenses, and fees arising out of the student's participation in the Extended Travel Program, and further agree to indemnify and hold harmless Jefferson County Public Schools, its officers, agents, employees, teachers, and schools, against any claims for such costs, expenses and fees. By signing below, the student and parent(s)/guardian(s) expressly understand and agree that such costs, expenses and fees may not be refunded if the extended travel program is canceled, altered or terminated early based upon future circumstances or events, including without limitation, government advisories regarding travel, actual or threatened terrorist acts and other circumstances which may affect the health, safety and welfare of participants.
5. During the Extended Travel Program, Jefferson County Public Schools shall have full authority to take whatever action it deems reasonably necessary to safeguard the health, safety, and well-being of the participating student, which expressly includes but is not limited to, authorization to secure medical treatment for the participating student, or in the discretion of JCSD, to return the participating student to his/her home.
6. The student's participation in the Extended Travel Program may be terminated for the student's failure to abide by Jefferson County Public Schools Students Responsibilities and Rights Policy, for failure of the student to abide by the instructions of his/her teacher guide during the Program, or for failure to make timely payment of all fees and expenses. If the termination occurs during the program, the undersigned parent/guardian agrees to bear all costs associated with the student's return home. When it is necessary to return a student home, the sponsoring teacher, or staff member, will personally notify a parent/guardian or emergency contact.
7. Students may also be subject to disciplinary action pursuant to School District policy for their failure to abide by the students rights and responsibilities policy and any rules set forth by the teacher and chaperones on the trip.
8. Jefferson County Public Schools reserves the right to alter or change the itinerary or to adjust program costs to reflect changes in exchange rates, in fuel costs, or in extraordinary inflation overseas.
9. Jefferson County Public Schools also reserves the right to cancel the program due to insufficient participation or to other circumstances. Where the program is canceled, all monies may be refunded, with the exception of application fees, as specified by the sponsoring agency. As set forth above, if the trip is canceled based on outside circumstances or events, including, without limitation, government advisories regarding travel, actual or threatened terrorist acts, and other circumstances which could affect the health, safety or welfare of participants, monies may or may not be refunded, depending on the policies of the trip organizing company, travel, accommodation and activities providers.
10. Any earnest money deposit does not imply, in any manner, acceptance of a student to the travel program.
11. The undersigned as the responsible parent/guardian, agrees to inform the sponsoring teacher of any history of mental/physical/emotional or behavioral issues of the student that could affect the general welfare of him/her and/or the group prior to the stated date of acceptance or denial to participate in the travel activity.

We have thoroughly read and understand the statements and conditions stated herein and agree to the terms of the Agreement, as noted by my/our signature(s), as follows:

\_\_\_\_\_  
**Parent(s)/Guardian(s) Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Sponsor Signature**

\_\_\_\_\_  
**Date**

Jefferson County School District R-1  
 Jefferson County, Colorado

# INTERNATIONAL/DOMESTIC OVERNIGHT STUDENT TRAVEL

## STUDENT RESPONSIBILITY SIGN-OFF

As a participant in \_\_\_\_\_ (name of activity), which will take place from \_\_\_\_\_ to \_\_\_\_\_ (dates), I acknowledge having read and agree to abide by the Jefferson County Public Schools' Code of Conduct document.

### The responsibilities of every student are:

- To help maintain an overall atmosphere conducive to learning and to respect the principle that no student shall engage in any activity which disrupts or shows clear and convincing evidence of threatening to interfere with the public or private rights of others.
- To respect property, caring for it and protecting it from theft, at the same time respecting the individual property of staff and students in the same manner.
- To promote the physical safety and personal security of others, exercising in this pursuit a high degree of self-discipline.
- To personally refrain and discourage others from possessing or transmitting any kind of weapon.
- To refrain from using, possessing, buying or selling alcohol and narcotics or other dangerous drugs.
- To practice and encourage honesty in academic work and in all other transactions.
- To respect the staff by obeying all reasonable requests with equanimity and avoiding the use of profanity or obscene gestures.

In addition, I will further strive to be friendly to all members of the group, accept the will of the majority whenever a matter of choice presents itself, and accept the suggestions and recommendations of the leaders in all matters relating to the program or my personal conduct. I also agree that the activity sponsor reserves the right to terminate my participation for failure to maintain these standards of conduct. If my participation is terminated, I agree to pay all expenses incurred upon returning home.

### I further agree that:

1. I will take part in all program activities, including meals.
2. I will honor the curfew established by the sponsor.
3. I will advise my sponsor of my whereabouts at all time and never leave the group without being accompanied by other students or sponsors.
4. I will not operate a motorized vehicle during the course of the activity unless specifically authorized prior to departure, in accordance with District Exhibit JJH-E Staff/Parent/Student Driver Authorization.
5. I will carry ID, or if international travel a copy of my passport, at all time. Additionally, I will carry information provided by the sponsors with the name of hotel accommodations, the address of the nearest American Embassy and any schedule restriction or off-limit areas that may apply.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Jefferson County School District R-1  
Jefferson County, Colorado

Section J: Students  
Title Parent/Guardian Transportation Authorization Form  
Number JH-E3  
Status Active  
Legal  
Adopted April 1, 2003  
Last Revised January 29, 2007

**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 information for transporting students by district school bus during international or domestic overnight travel or a day trip on the dates listed below.

Student Travel/Transportation Authorization to be completed by Parent/Guardian

I am aware that my child, \_\_\_\_\_ will be transported by

District School Bus    Commercial Airline    Charter Bus    **(circle one)**

on an approved trip to:

\_\_\_\_\_

during the following date(s): \_\_\_\_\_.

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.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

SCHOOL PRESENTLY ATTENDING ROCKY MOUNTAIN ACADEMY OF EVERGREEN

**MEDICAL INFORMATION**

Height \_\_\_\_\_ Male \_\_\_\_\_ Student's Name \_\_\_\_\_

Weight \_\_\_\_\_ Female \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth \_\_\_\_\_ Age \_\_\_\_\_ Child Resides With (circle) Both Parents \_\_\_\_\_ Father \_\_\_\_\_  
Day / Month /Year Mother \_\_\_\_\_ Other (specify) : \_\_\_\_\_

Complete Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell or Pager \_\_\_\_\_ Mother's Cell or Pager \_\_\_\_\_

Father's Work Hours \_\_\_\_\_ Mother's Work Hours \_\_\_\_\_

Relative or Neighbor's Name (in case neither parent can be reached) \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_

Address \_\_\_\_\_

Physician's Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Preferred hospital in case of emergency \_\_\_\_\_

I. The following medications, available with the RMAE staff, may be administered by the RMAE Staff and provided by parents, in order to relieve minor pain and discomfort. **Circle YES or NO:**

Please list medications that you expect to send with your child:

\_\_\_\_\_  
Name of drug – Reason taking Name of drug – Reason taking

**PERMISSION FOR ADMINISTRATION OF MEDICATION AND EMERGENCY CARE**

I hereby request and give my permission to the Jefferson County School District R-1 to administer medication to the student identified above. I understand that it is my responsibility to provide medications not listed above. I understand that all medication must be provided in the original pharmacy labeled containers. I understand that my child assumes responsibility for going to the clinic at the specified time(s) for medications. I acknowledge that the administration of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims which I now have or may hereafter have against the Jefferson County School District R-1 and its employees arising out of the administration of or failure to administer the medication to the student or any adverse reaction by the student to the medication.

I understand that if my child requires medical attention, RMAE staff will attempt to contact me first. If I am unavailable, my child's physician, listed above, will be called. Should I or my physician be unavailable, the closest medical facility will be contacted. I hereby authorize these physicians to perform any emergency medical treatment that is deemed necessary, or any medical treatment I specifically authorize in advance. I also give permission for school personnel to transport my child or arrange transportation, in an emergency or if medical care is needed.

Date \_\_\_\_\_

**REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**Student's Name**

\_\_\_\_\_

Last

\_\_\_\_\_

First

II. Please list any medical condition/concern, recent injury or hospitalization: \_\_\_\_\_

Specify any activities that are not allowed, or any prosthetic or other aid that will be sent: \_\_\_\_\_

III. Date of last tetanus shot (if known)? \_\_\_\_\_

IV. Does your child have asthma? **(Circle)** Yes No Please explain: frequency/severity/treatment of attacks :

**Students who need to carry inhalers should bring an extra one to be kept with RMAE staff member.**

V. Known allergies (**Circle** if applicable): Hayfever Food Bee Sting Drug Allergy [name of drug] \_\_\_\_\_

Explain reaction: \_\_\_\_\_

VI. Does your child need a special diet? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

You may wish to send juice from home if your child is allergic to milk, or furnish food substitutes if your child requires a special diet.

VII. **Circle** any condition which warrants a bottom bunk: Bedwetting Frequent urination Sleepwalking Seizures

Restlessness Other Further explanation: \_\_\_\_\_

VIII. Any separation or homesickness issues? If yes, explain: \_\_\_\_\_

**Attach an additional sheet of paper if there is any other information you wish to share relating to your child's well-being.**

ACCIDENT INFORMATION

PARENTS/GUARDIANS ARE RESPONSIBLE FOR ANY MEDICAL EXPENSES, INCLUDING EMERGENCY EVACUATION, SHOULD THEIR CHILD SUSTAIN A NON-ACCIDENT RELATED ILLNESS DURING THIS TRIP.

**REQUIRED SIGNATURE OF PARENT OR GUARDIAN**

IF YOU HAVE A RELIGIOUS/PERSONAL OBJECTION

Because of religious convictions or personal objections, my child or ward is to receive NO BLOOD OR BLOOD PRODUCTS (please **circle** if applicable) or NO MEDICATION in any form (please **circle** if applicable). I do understand that in the event of life-death situation my child or ward, regardless of religious or personal convictions, will be administered life-sustaining first aid and medical care.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian if Applicable

Please sign here **ONLY** if you have a **RELIGIOUS or PERSONAL objection.**

**OVERNIGHT MEDICATION PERMISSION FORM**

**THIS FORM MUST ACCOMPANY ALL MEDICATIONS**

NOTE TO CLINIC AIDE: This form is to be given to all students mid-week prior to coming on this trip. This form **MUST** accompany all medications brought to school the day *before* departure. NOTE TO PARENTS: If your child has medication, please complete this form and return it with the medication, in the original pharmaceutical container, first thing in the morning on the day of departure. Label each container with your child's name.

**INSTRUCTIONS:**

1. All students taking medication of any kind, including such medications as vitamins and cough drops, **must** turn them in to the school clinic before leaving. Please do not pack medications in your child's duffel bag.
2. Please **do not** mix medicine. Use one container for **each** medicine.
3. Prescriptions or over-the-counter medications **must** be in their **original** containers.

Student's Name \_\_\_\_\_ Name of School \_\_\_\_\_  
 Last First Middle

Please provide the following information for each medication which you are sending on this trip.  
 PLEASE PRINT OR TYPE:

MEDICATION #1

**CIRCLE ONE:** As needed **OR** Daily What time is daily medication taken at home? \_\_\_\_\_  
 NUMBER OF TIMES PER DAY \_\_\_\_\_ DOSAGE EACH TIME \_\_\_\_\_  
 REASON FOR GIVING \_\_\_\_\_  
 SPECIAL INSTRUCTIONS \_\_\_\_\_

MEDICATION #2

**CIRCLE ONE:** As needed **OR** Daily What time is daily medication taken at home? \_\_\_\_\_  
 NUMBER OF TIMES PER DAY \_\_\_\_\_ DOSAGE EACH TIME \_\_\_\_\_  
 REASON FOR GIVING \_\_\_\_\_  
 SPECIAL INSTRUCTIONS \_\_\_\_\_

MEDICATION #3

**CIRCLE ONE:** As needed **OR** Daily What time is daily medication taken at home? \_\_\_\_\_  
 NUMBER OF TIMES PER DAY \_\_\_\_\_ DOSAGE EACH TIME \_\_\_\_\_  
 REASON FOR GIVING \_\_\_\_\_  
 SPECIAL INSTRUCTIONS \_\_\_\_\_

DOES ANY MEDICATION NEED TO BE GIVEN AT NOON ON THE FIRST DAY? **Circle YES or NO**

If student has more medication than provided for in the above space, please list them with the required information on another attached sheet. Also list any recent injuries or illnesses that have occurred since completion of the Medical Information form for the trip.

**PERMISSION FOR ADMINISTRATION OF MEDICATION**

I hereby request and give my permission to the Jefferson County School District R-1 to administer medication to the student identified above. I understand that it is my responsibility to provide this medication(s). I understand that all medication must be provided in the original pharmacy labeled containers. I understand that my child assumes responsibility for going to the clinic at the specified time(s) for medications. I acknowledge that the administration of this medication by school personnel is an accommodation performed solely upon my request. In consideration of the acceptance of this request, I release and waive any and all claims that I now have or may hereafter have against the Jefferson County School District R-1 and its employees arising out of the administration of or failure to administer the medication to the student or any adverse reaction by the student to the medication.

\_\_\_\_\_  
**REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN** Date \_\_\_\_\_