

**JEFFERSON COUNTY SCHOOLS  
AGREEMENT FOR OFF CAMPUS SCHOOL ACTIVITY**

\_\_\_\_\_

Student Name

\_\_\_\_\_

School

To Parents and Guardians:

The agreement below is designed primarily to protect the Jefferson County School District, its employees and agents in the event that an emergency might require the immediate action parents would take if they were present and also, as a necessary precaution, to provide the necessary emergency medical treatment or any other contingency that may arise from this activity.

In the years the School District has been sponsoring off campus activities, incidents of the type covered by these agreements have been rare. However, if something should happen, the sponsors want to be prepared to do everything possible to help your child.

We recommend that you read the provisions of this agreement carefully and if not fully understood, please consult with the school or your attorney.

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**RELEASE**

As a parent or guardian, I do willingly execute this release in consideration of the educational benefit to be derived by and participation of my son, daughter, or ward in the following School District sponsored activity:

Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

I hereby release from liability and hold the Jefferson County School District harmless from any and all claims and cause of action which might be brought by me, my dependents, or third parties, for loss of property, personal injury or death sustained by my son, daughter, or ward, or others arising out of any travel or activity conducted by or under the control of the District. It is understood that the District as used herein shall include the employees, administrators, agents, and School Board members of the District.

I HEREBY APPROVE THE FOREGOING STATEMENT AND RELAEASE THE DISTRICT FROM ANY AND ALL CLAIMS.

\_\_\_\_\_

Date

\_\_\_\_\_

Student Grade Level

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Parent/Guardian Printed Name

SEE REVERSE FOR PERMISSION FOR EMERGENCY TREATMENT

**PERMISSION FOR EMERGENCY TREATMENT**

On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under 21 years might not be administered an anesthetic or operated upon without written consent of the parent or guardian, we request that the parent or guardian sign the following statement. This is to prevent a dangerous delay in case an emergency does occur and we are unable to contact the parents.

In the event of injury our son/daughter/ward

\_\_\_\_\_ , born \_\_\_\_\_  
 Student's Name                      Month                      Day                      Year

We hereby authorize a District representative who is off the school campus of the District to obtain and give consent to whatsoever medical treatment the representative deems necessary, including the administration of an anesthetic and surgery, and do hereby release the District and the representative from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

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

Contact Number(s): \_\_\_\_\_ (Cell)  
    \_\_\_\_\_ (Work)  
    \_\_\_\_\_ (Home)

Please have this form notarized, since it is an out-of-county and overnight trip.

\_\_\_\_\_    \_\_\_\_\_  
 Public Notary Signature                      Date

\_\_\_\_\_    \_\_\_\_\_  
 Public Notary Printed Name                      Commission Exp.

Place seal below: