

**Exhibit JJH-E-4
INTERNATIONAL/DOMESTIC OVERNIGHT STUDENT TRAVEL**

Adopted: April 1, 2003
Revised: May 1, 2006

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).

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 _____