



Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

_____ to _____
(Date) (Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: _____

School: _____

Organization: _____

Place: _____

Teacher/Advisor: _____

Dates: _____ Times: _____

Mode of Transportation: _____ a. Transportation (\$ _____)

b. Entrance Fee (\$ _____)

c. Other Costs (\$ _____)

d. Total Cost (\$ _____)

Parental Permission (To be completed by Parent/Legal Guardian)

Name of Student: _____

Home Phone: _____

Emergency Contact: _____

Phone: _____ (Please include relationship)

Check as appropriate:

- My son/daughter has permission to attend the above activity.
- My son/daughter DOES NOT have permission to attend the above activity.

Medical Insurance Coverage

- My child has medical coverage with: _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)
- My child is not covered by any medical insurance plan.

Private Vehicle Usage

- My son/daughter may drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
- My son/daughter may ride in a vehicle driven by an adult to the activity.

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Parental Permission
(To be completed by Parent/Legal Guardian)

I/We grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In the case of illness or injury to above named student, I/we hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or Type Parent's/Legal Guardian's Name

Parent's/Legal Guardian's Signature

Date

Teacher Acknowledgment for Student Travel
(To be completed by subject teachers, if applicable)

Your student has requested to participate in the following activity:

Name of Student: _____

School: _____

Activity: _____

Place: _____

Teacher/Advisor: _____

Dates: _____

Times: _____

Organization: _____

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Home Room: _____

Period 1: _____

Period 2: _____

Period 3: _____

Period 4: _____

Period 5: _____

Period 6: _____

Period 7: _____

Distribution for overnight or off-island:
Original - Chaperone; 1 copy each to principal & parent

PARENT AUTHORIZATION FOR STUDENT TRAVEL

This completed form and payment (if applicable) are due on or before: _____ to: _____.

Dear Parents:

Permission is requested for your child to participate in the following activity: _____ School : _____

Activity: _____ Teacher/Advisor: _____

Place: _____ Date(s): _____ Time(s): _____

Organization: _____

Transportation (\$ _____)

Entrance Fee (\$ _____)

Mode of Transportation: _____

Total Cost (\$ _____)

PARENTAL PERMISSION
(To be completed by Parent/Guardian)

Name of Student: _____ Home Phone #: _____ Relationship _____

Check as appropriate: _____ Emergency Phone #: _____

_____ My son/daughter has permission to attend the above activity. _____ Emergency Phone #: _____

_____ My son/daughter does NOT have permission to attend the above activity.

MEDICAL INSURANCE COVERAGE

_____ My child has medical coverage with _____ Policy # _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)

_____ My child is NOT covered by any medical insurance plan.

PRIVATE VEHICLE USAGE

If private vehicles are used, permission is granted as follows (Initial ALL appropriate statements):

_____ My son/daughter may drive to the activity alone (BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form).

_____ My son/daughter may transport other students to the activity (Complete Form BO-4).

_____ My son/daughter may ride in a vehicle driven by another student to the activity.

_____ My son/daughter may ride in a vehicle driven by another adult to the activity.

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I release the State from liability resulting from the use of other than school vehicles pursuant to HRS 286-181.

In case of illness or injury to said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental cost if incurred.

Print or type Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

Specify any special medical or other such instructions you would want considered:

.....
(TO BE COMPLETED BY SUBJECT TEACHERS, IF APPLICABLE)

Please sign below acknowledge that the above student will be missing class because of the activity mentioned above. He/she understands that all class work shall be made up at YOUR convenience. If you have any reservations, please state them.

HR: _____

Period 4: _____

Period 1: _____

Period 5: _____

Period 2: _____

Period 6: _____

Period 3: _____

Period 7: _____