



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

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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: _____