

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 _____
(Name of plan, e.g., HMSA, Kaiser, Military, etc.)

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

Note: If a child is not covered by medical insurance, special arrangements must be made through the school office to purchase trip insurance. Please contact the sponsoring teacher of the field trip/activity.

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 (Form 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 an 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 the 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 costs 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 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. If you have any reservations, please state them.

HR: _____

Period 4: _____

Period 1: _____

Period 5: _____

Period 2: _____

Period 6: _____

Period 3: _____

Period 7: _____