

STATE OF HAWAI I DEPARTMENT OF EDUCATION

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

Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applic	able) are due on or before:
to	(Advisor/Teacher)
(Date)	·
Permission is requested for your child to pa	rticipate in the following:
Activity:	
	Times:
Mode of Transportation:	
eacher/Advisor:ates:	b. Entrance Fee(\$)
	c. Other Costs(\$)
	d. Total Cost(\$)
(To be comple	ental Permission ted by Parent/Legal Guardian
Home Phone:	
Emergency Contact:	
Phone:	(Please include relationship)
Check as appropriate:	
☐ My son/daughter has permission to atter	nd the above activity.
☐ My son/daughter DOES NOT have perm	ission 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 in	(Name of plan, e.g., HMSA, Kaiser, Military, etc.) nsurance plan.
Private Vehicle Usage	
☐ My son/daughter may drive to the activity Vehicle to Transport Students" must be of	y alone. (Form BO-4, "Application for Use of Private completed and attached to this form.)
☐ My son/daughter may ride in a vehicle dr	iven by an adult to the activity.

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 treatment as deemed necessary, and agr		
Print or Type Parent's/Legal G	uardian's Name	
Parent's/Legal Guardian's	_	Date
	***************************************	•••••
	nowledgment for Stude red by subject teachers, if a	
Your student has requested to participate	e in the following activity:	
Name of Student:		
School:		
Activity:		
Place:		
Teacher/Advisor:		
Dates:		
Times:		
Organization:		
Please sign below to acknowledge that t mentioned above. He/She understands t	the above student will be m that all class work shall be m	issing class because of the activity nade up at YOUR convenience.
Home Room:		
Period 1:		
Period 2:		_
Period 3:		_
Period 4:		oue.
Period 5:		_
Period 6:		

Period 7:

STATE OF HAWALL DEPARMENT OF EDUCATON

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PARENT AUTHORIZATION FOR STUDENT TRAVEL

This completed form and payment (if applicable) are due on or before:		
Dear Parents: Permission is requested for your child to participate in the following activity:	School:	
Activity:	Teacher/Advisor:	
Place: Date(s):		
Organization:	Transportation	(\$)
Mode of Transportation:	Entrance Fee Total Cost	(\$)
PARENTAL PERMIS (To be completed by Parent/Gua	SSION	
(10 be completed by 1 mello out	·	
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	ty.	
MEDICAL INSURANCE COVERAGE		
My child has medical coverage with(Name of plan, e.g., HMSA, Kaise	Policy #	
(Name of plan, e.g., HMSA, Kaise	er, Military, etc.)	
My child is NOT covered by any medical insurance plan.		
My son/daughter may drive to the activity alone (BO-4, "Application for	or Use of Private Vehicle to Tr	ransport Students" must b
completed and attached to this form). My son/daughter may transport other students to the activity (Complete My son/daughter may ride in a vehicle driven by another student to the My son/daughter may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride in a vehicle driven by another adult to the activities of the complete may ride	e Form BO-4). activity. ctivity. If the travel, and to travel by proceedings from liability resulting from	ivate or commercial car, om the use of other than
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