



# 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: \_\_\_\_\_