



STATE OF HAWAII  
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 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: \_\_\_\_\_

Check as appropriate: (Please include relationship)

- 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.

I 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 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)

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.

Period 1: \_\_\_\_\_ Period 2: \_\_\_\_\_

Period 3: \_\_\_\_\_ Period 4: \_\_\_\_\_

Period 5: \_\_\_\_\_ Period 6: \_\_\_\_\_

Period 7: \_\_\_\_\_ Period 8: \_\_\_\_\_

Period 9: \_\_\_\_\_ Period 10: \_\_\_\_\_