



# Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

10/17/17

to

Mrs. Liou

(Date)

(Advisor/Teacher)

Permission is requested for your child to participate in the following:

Activity: Joint Band Concert and Rehearsals

School: Kailua Intermediate

Organization: KIS Band

Place: KIS Bandroom, Kailua High School

Teacher/Advisor: Liou

Dates: 10/26/17, 11/2/17, 11/4/17 Times: see attached

Mode of Transportation: parents responsible for transporting students

a. Transportation... (\$ \_\_\_\_\_)

b. Entrance Fee..... (\$ \_\_\_\_\_)

c. Other Costs..... (\$ \_\_\_\_\_)

d. Total Cost..... (\$ 0.00)

### 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

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Please fill out and return this portion along with your child's permission form if you are able and willing to chaperone.

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_

\_\_\_\_\_ 4:00-6:00 pm (Setting up food, cleaning up)