



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: Winter Concert

School: Kailua Intermediate

Organization: KIS Band

Place: KIS Cafeteria

Teacher/Advisor: Liou

Dates: 12/15/17

Times: 4:30-7:45 pm

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

Advanced Band Supervision Chaperone
Dec. 17, 2017 – 5:15 pm to 5:45 pm

Parent's Name: _____

E-mail: _____

Student's Name: _____