STATE OF HAWAI'I
DEPARTMENT OF EDUCATION

PARENT AUTHORIZATION FOR
STUDENT TRAVEL

Dear Parents:

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

Activity:
Place:
Organization:
Mode of Transportation:

Date(s):
Time(s):

Transportation ($):
Entrance Fee ($):
TOTAL COST ($):

PARENTAL PERMISSION
(To be completed by Parent/Guardian)

Name of Student:

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.

Note: If a child is not covered by medical insurance, special arrangements must be made through the school office to purchase trip insurance. Please contact the sponsoring teacher of the field trip/activity.

PRIVATE VEHICLE USAGE

If private vehicles are used, permission is granted as follows (initial ALL appropriate statements):

- My son/daughter may drive to the activity alone (Form 80-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.).
- My son/daughter may transport other students to the activity (Complete Form 80-4).
- My son/daughter may ride in a vehicle driven by another student to the activity.
- My son/daughter may ride in a vehicle driven by an adult to the activity.

We (I) grant permission for said student to participate in the planned activities of the travel, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. 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 said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Specify any special medical or other such Instructions you would want considered:

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(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. If you have any reservations, please state them.

HR: Period 4:
Period 1: Period 5:
Period 2: Period 6:
Period 3: Period 7:

Print or type Parent's/Guardian's Name
Parent's/Guardian's Signature
Date

FORM SA-I. Rev.B/OI, RS 01-1387 (Rev. of RS 99-0995)