



Parent/Legal Guardian Authorization for Student Participation and Travel

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

Wednesday, February 22, 2024 to Mr. Howe & Mr. Agasa
(Date) *(Advisor/Teacher)*

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

Activity: CDBF - South Parade of Bands School: Moanalua Middle School

Organization: Symphonic Band Place: Radford High School Gym

Teacher/Advisor: Mr. Howe & Mr. Agasa Dates: Saturday, February 24, 2024 Times: 4:45-10:15 pm

Mode of Transportation: Own

- a. Transportation... (\$ _____)
- b. Entrance Fee..... (\$ _____)
- c. Other Costs..... (\$ _____)
- d. Total Cost..... (\$ NONE)

Eat dinner before you you arrive.

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