



Parent/Legal Guardian Authorization for Student Participation and Travel

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

Thursday, May 16, 2020 to Mr. Ryan Howe & Ms. Hannah Watanabe
(Date) (Advisor/Teacher)

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

Activity: Band & Orchestra Banquet School: Moanalua Middle School
 Organization: Symphonic Band & Chamber Strings & String Orchestra Place: Honolulu Country Club
 Teacher/Advisor: Howe/Watanabe Dates: Saturday, May 16, 2020 Times: 11:00 am - 2:30 pm
 Mode of Transportation: own

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

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

