STATE OF HAWAII
DEPARTMENT OF EDUCATION

Distribution for overnight or off-island travel:
Original - Chaperone; 1 copy each to principal & parent

Parent/Legal Guardian Authorization for Student Participation and Travel

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

February 16 or 17, 2027 *(Date)* to Mr. Howe & Mr. Agasa *(Advisor/Teacher)*.

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

Activity: Spring Concert
School: Moanalua Middle School
Organization: Moanalua Middle School Band
Place: MMS Cafeteria
Teacher/Advisor: Mr. Howe & Mr. Agasa
Dates: Friday, February 19, 2027 Times: 4:30-7:30 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: _____
(Please include relationship)

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.

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