



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:

Friday, 25 February 2022 to Mr Uyehara  
(Date) (Advisor/Teacher)

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

Activity: Orchestra Workshop School: Moanalua Middle  
Organization: Orchestra Place: Moanalua Middle School  
Teacher/Advisor: Mr Uyehara Dates: Sat, 3/5 - Sun, 3/6 Times: 9-2:30 and 9-2:30  
Mode of Transportation: \_\_\_\_\_

- a. Transportation... (\$ \_\_\_\_\_)
- b. Entrance Fee..... (\$ \_\_\_\_\_)
- c. Other Costs..... (\$ 15 Lunch)
- d. Total Cost..... (\$ \_\_\_\_\_)

**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*

**Teacher Acknowledgment for Student Travel**

*(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.

Home Room: \_\_\_\_\_ Period 4: \_\_\_\_\_  
 Period 1: \_\_\_\_\_ Period 5: \_\_\_\_\_  
 Period 2: \_\_\_\_\_ Period 6: \_\_\_\_\_  
 Period 3: \_\_\_\_\_ Period 7: \_\_\_\_\_