



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 forms are due on or before:

December 14, 2017 to Mr. Hanagami

(Date)

(Advisor/Teacher)

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

Activity: Imu Fundraiser

School: Mililani High School

Organization: SkillsUSA

Place: Mililani High School

Teacher/Advisor: J. Tamura/B. Hanagami/T. Pregana/R.  
Gomes/C. Noveloso/K. Adan

Dates: 12/28-12/29 Times: 8:15am 12/28  
to 2:00pm 12/29

Mode of Transportation: Own

a. Transportation: (\$ N/A)

b. Entrance Fee: (\$ N/A)

c. Other Costs: (\$ N/A)

d. Total Cost: (\$ N/A)

**Parental Permission**

(To be completed by Parent/Legal Guardian)

Name of Student: Home Phone:

Emergency Contact/Relationship: Phone:

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

**Teacher Acknowledgement 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. S/he understands that all class work shall be made up at YOUR convenience.

Homeroom: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 4: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 1: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 5: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 2: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 6: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 3: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Period 7: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx