

HALE KULA ELEMENTARY SCHOOL PARENT/LEGAL GUARDIAN AUTHORIZATION FOR STUDENT PARTICIPATION AND TRAVEL

This completed form and payment (if applicable) are due on or before (please send form/money together in an envelope):

Friday, August 22, 2014 to Classroom Teacher (before 8:00 a.m.)
(Date) (Teacher/Advisor)

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

ACTIVITY: Honolulu Theatre for Youth: A Bollywood Robin Hood
PLACE: Tenney Theatre, St. Andrew's Cathedral
DATE/TIME: Thursday, August 28, 2014 8:30-11:30
COST: \$10.00 for students, (CASH ONLY)

MODE OF TRANSPORTATION: bus

Please send your child to school with a **SACK LUNCH** and **CANNED/BOXED DRINK** on this day.

We feel that field trips enrich and vitalize our curriculum; therefore, we hope that your son/daughter will be allowed the opportunity to participate in this activity.

Second Grade Teachers

Teacher(s)

- SPECIAL NOTE:**
1. Bus fare will not be refunded for absences.
 2. CASH ONLY - NO CHECKS WILL BE ACCEPTED.

PARENTAL PERMISSION

(To be completed by Parent/Legal Guardian)
(Please clip and return bottom portion)

Name of Student: _____ Room No. _____

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.

I/We 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/we hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print/Type Parent's/Guardian's Name _____ Emergency Phone #: _____

Parent's/Legal Guardian's Signature _____ Date _____

- I would like to chaperone and have taken the chaperone class.