|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | STATE OF HAWAII  Distribution for overnight or off-island travel:  Original – Chaperone; 1 copy each to principal & parent  DEPARTMENT OF EDUCATION  **Parent/Legal Guardian Authorization for**  **Student Participation and Travel** | | | | | | | | | | | | | | | | | | | |  |
| This completed form and payment (if applicable) are due on or before: | | | | | | | | | | | | | | | | | | | | | | |
| December 13, 2014 | | | | | | | to | | Mrs. Ancheta or Mrs. Hollifield, SADD club Advisor | | | | | | | | | | | | | |
| *(Date) (Advisor/Teacher)* | | | | | | | | | | | | | | | | | | | | | | |
| Permission is requested for your child to participate in the following: | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | SADD Annual DUI Road Block | | | | | | | | | | School: | | H.P. Baldwin High School | | | | | | | | | |
| Organization: | | SADD | | | | | | | | | Place: | Kihei | | | | | | | | | | |
| Teacher/Advisor: | | | Mrs. Ancheta | | | | | | | | Dates: | 12/13/2014 | | | | | | | Times: | | 5:00am – 10:00pm | |
| Mode of Transportation: | | | | | Akina Bus | | | | | | | | | a. Transportation: | | | | | | ($       ) | | |
|  | | | | | | | | | | | | | | b. Entrance Fee: | | | | | | ($       ) | | |
|  | | | | | | | | | | | | | | c. Other Costs: | | | | | | ($       ) | | |
|  | | | | | | | | | | | | | | d. Total Cost: | | | | | | ($ 0) | | |
| **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 *(For information only. Medical insurance is NOT required for travel.)*** | | | | | | | | | | | | | | | | | | | | | | |
| 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: | |  | | | | | | | |  | Period 4: | | | |  | | | | | | | |
| Period 1: | |  | | | | | | | |  | Period 5: | | | |  | | | | | | | |
| Period 2: | |  | | | | | | | |  | Period 6: | | | |  | | | | | | | |
| Period 3: | |  | | | | | | | |  | Period 7: | | | |  | | | | | | | |
| FORM SA-1 Rev.9/09 RS 01-0308 (Rev. of RS 01-0167) | | | | | | | | | | | | | | | | | | | | | | |