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|  | STATE OF HAWAIIDistribution for overnight or off-island travel:Original – Chaperone; 1 copy each to principal & parentDEPARTMENT 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. Omura, Club Advisor |
|  *(Date) (Advisor/Teacher)* |
| Permission is requested for your child to participate in the following: |
| Activity: | DUI Road Block  | School: | H.P. Baldwin High School |
| Organization: | SADD  | Place: | Kihei |
| Teacher/Advisor: | Mrs. Omura | 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. |
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| *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) |