

Manoa Elementary School
3155 Manoa Road
Honolulu, HI 96822

PARENTAL PERMISSION FORM FOR FIELD TRIP

This completed form and payment (if applicable) are due on or before Friday, May 11, 2012

Dear Parents:

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

Activity: 6th Grade Play Teacher: S. Fong, L. Arakaki, T. Mitsuda, S. Kauffman, E. Pratt

Place(s): Hawaii Theater Date: Tuesday, May 15, 2012

Mode of Transportation: <u> BUS </u>	Cost of Field Trip: Admission	<u> 0 </u>
	*Transportation	<u> \$2.75 </u>
	Other	<u> </u>
	TOTAL	<u> \$2.75 </u>

*Cost of bus/transportation is non-refundable because of guaranteed/confirmed quotation of bus/transportation.

Please ... bring home lunch wear shoes bring sweater/jacket wear sunscreen bring hat/visor



Cut off and Return to Teacher

PARENTAL PERMISSION (To be completed by Parent/Guardian)

Activity _____ Date of Activity _____

Name of Student _____ Home Phone # _____

Emergency Phone # _____ Name / Relationship _____

Emergency Phone # _____ Name / Relationship _____

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 ride in a vehicle driven by an adult to/from the activity (if applicable and/or in an emergency).

We (I) grant permission for said student to participate in the planned activities for the travel, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. 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 said student, we (I) hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

Print or type Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

Specify any special medical or other such instructions you would want considered:

