



### Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

ASAP to Mr. Jason Nagaoka, Math Team Coach  
(Date) (Advisor/Teacher)

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

Activity: O'ahu Mathematics League competitions School: Moanalua High School  
Organization: Math Team Place: Moanalua High School, room G-102

- 09/26/2020
- 10/31/2020
- 11/21/2020
- 01/16/2021
- 02/13/2021
- 03/06/2021

Teacher/Advisor: Mr. Jason Nagaoka Dates: 04/10/2021 Times: 8:45 to 10:15 a.m.

Mode of Transportation: Students provide 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 (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