State of Hawaii Department of Education

**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, December 20, 2019

Dear Parents:

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

Activity: “Math Through Art” Teacher: Lisa Secreto, Rachelle Ricardo, Christy Watanabe,

Chelsea Tanaka

Place(s): Honolulu Museum of Art (Beretania) Date: 01/15/20 Time: 8:30 – 11:30 \_

Mode of Transportation: Bus**\_\_\_\_** Cost of Field Trip: Admission $0.00

Transportation $0.00

Other $0.00

**TOTAL $0.00**

***BUS AND ADMISSION FEES GENEROUSLY SUBSIDIZED BY THE MUSEUM OF ART!***

Please … **X wear shoes** \_\_ bring sweater/jacket \_ wear sunscreen \_\_ bring hat/visor

**X wear green Manoa School T-shirt \_\_**bring lunch

**Cut off and Return to Teacher**

**PARENTAL PERMISSION** (To be completed by Parent/Guardian)

Activity Math Through Art Tour – Honolulu Museum of Art Date of Activity \_01/20/2020

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.

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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 on back:**