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 Monday, September 24, 2018
Dear Parents:
Permission is requested for your child to participate in the following activity:

Activity: Water Safety Lessons Teacher: T. Mitsuda, L. Secreto, R. Ricardo, C. Watanabe

Place(s): Manoa Pool Date: 9/24-2/4/2019 Time: 9:30-10:30

Mode of Transportation: walking Cost of Field Trip:

Admission	$0.00
Transportation*	$0.00
Other_____	$0.00
TOTAL	**$0.00**

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

Please … **X wear shoes** _X_ bring sweater/jacket/raincoat **X wear sunscreen** **X 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 Water Safety Program Date of Activity 09/24-2/4/19

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 on back: