



Saint Joseph School

1000 Ululani Street
Hilo, Hawaii 96720-3999
High School phone: (808)935-4936 fax: (808)443-0294
www.stjosephhilo.org

2015-2016 PARENT AUTHORIZATION FOR STUDENT TRAVEL

Name of student: _____ Home Phone: _____
Home address: _____

In case of emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

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MEDICAL INSURANCE COVERAGE:

- My son/daughter has medical coverage with _____ Member # _____
- My son/daughter is NOT covered by medical insurance, special arrangements must be made through the school office to purchase school insurance.

I am/We are the parent(s)/guardian(s) of the student named above. By signing below, I/We:

- a) Give permission for the student to participate in St. Joseph School excursions and activities;
- b) Give permission for the student to travel by private or commercial vehicle;
- c) Release the School, its agents and employees from any and all liability and to the student for any injury, damage or loss that occurs because of the student's participation in the willful misconduct of the School or its agents and employees; and
- d) In the event of illness or injury to the student, consent to and authorize such medical and dental treatment as may be deemed necessary, and agree to pay for such medical and dental costs.

PRIVATE VEHICLE USAGE:

If private vehicles are used, permission is granted as follows:

- My son/daughter may ride in a vehicle driven by a school employee.
- My son/daughter may ride in a vehicle driven by a chaperone or family of another student.
- Someone in my family will drive my son/daughter personally to the activity.

St. Joseph School Student-Parent Handbook is incorporated into this agreement. All participants taking part are presumed to have read its contents and agree to abide by the rules of the school and of our visitors. Violations are subject to reprimand and/or may result in the student being sent home.

_____	_____	_____
Print Parent/Guardian's Name	Parent/Guardian Signature	Date

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about your son/daughter/student:

