



Saint Joseph School

Athletics Department
999-1000 Ululani Street
Hilo, Hawaii 96720-3999
High School phone: (808)365-5421 fax: (808)443-0294
www.stjosephhilo.org

AUTHORIZATION FOR STUDENT TRAVEL, EXCURSIONS AND ACTIVITIES

This Authorization must be completed by the student's parent(s) or guardian(s). If not completed and signed, the student may not be allowed to participate in the excursion and activities described.

Name of Student: _____

Home Address: _____ Phone: _____

Description of Activity: _____ **Games at various schools (note schedule below)**

Date & Time:

EXAMPLE: 9/11/2013 (WED) @ Ka'u Gymnasium – Departing SJS @ 2:30 - Returning 9:30-10:30PM

Type of Transportation: **Commercial Vehicle – rented by Saint Joseph School**

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 the excursion and activity described above;
- b) **give permission** for the student to travel by private or commercial vehicle;
- c) **release** the School and its agents and employees from any and all liability to us 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:

AUTHORIZATION:

Print or type Mother's name	Mother's/Guardian's Signature	Date
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Print or type Father's name	Father's/Guardian's Signature	Date
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Parent's Comments:

Please identify any special medical instructions or other special circumstances you believe are important for the School to know about in connection with this excursion and activity.