

**Sanctioned School Activity  
Parental Consent/Permission  
Release Statement for  
(student's name)**

I/We, \_\_\_\_\_ (names of the parents/guardians), the parent(s) of \_\_\_\_\_ (student's name) give full consent for him/her to travel with \_\_\_\_\_ (name, position, and affiliation of the tour leader) from \_\_\_\_\_ (school) to Hawaii for a study of \_\_\_\_\_ (object of this trip, such as the study of Science at xxx institutes) located on \_\_\_\_\_. This travel will commence from \_\_\_\_\_ (city where the school is) on \_\_\_\_\_ (date) and end on \_\_\_\_\_ (date) in \_\_\_\_\_ (address where the school is – for a round trip).

We also give temporary Guardianship over \_\_\_\_\_ (student's name) to \_\_\_\_\_ (tour leader's name) during this student educational trip.

I/We understand that \_\_\_\_\_ (school name) does not carry any insurance relative to the sanctioned off-site school activity, or for injuries to the student. I/We represent that the student has insurance through my/our own insurance carrier.

We also authorize and give consent to \_\_\_\_\_ (tour leader's name) to obtain emergency medical treatment for \_\_\_\_\_ (student's name) during this travel. We also authorize medical authorities to perform or administer necessary medical or surgical treatment to the above named minor. In the event of an emergency we request that we be contacted as soon as possible at the numbers listed below.

Phone Numbers for contact: (list at least two phone numbers if possible)

It is understood that all reasonable caution will be taken by the person(s) in charge of the activity to prevent injuries, but neither those in charge nor the school shall be held responsible for any losses, damages, or injuries arising out of or in connection with student's participation in the sanctioned school activity or the rendering of emergency medical procedure or treatment, if any.

By signing below, the parent/guardian grants permission for named student to participate.

Parent/Guardian (Printed name) \_\_\_\_\_ / \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_  
Teacher(s) signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Address of the school \_\_\_\_\_

ss: ACKNOWLEDGEMENT

On this (day) of (month), (year), [example: on this 16-th of October, 2008], the individuals listed below personally appeared before me and voluntarily signed the forgoing instrument.

\_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)  
[signatures by the parent(s) or guardian(s)]

in witness thereof I have hereunto set my hand and official seal:

NOTARY PUBLIC [signature and official seal of a notary public]  
Name and address of the notary public in print, date