



### Parent/Legal Guardian Authorization for Student Participation and Travel

This completed form and payment (if applicable) are due on or before:

December 6, 2016 to Ms. Shigetani

(Date)

(Advisor/Teacher)

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

Activity: Digital Bus-Maui Ocean Center School: Pu'u Kukui Elementary

Organization: Grade 5 Place: Maui Ocean Center

Teacher/Advisor: Ms. Shigetani

Dates: Tue. 12/17/19 Times: 8:30-12:45

Mode of Transportation: Bus

- a. Transportation... (\$ 0 )
- b. Entrance Fee..... (\$ 0 )
- c. Other Costs..... (\$ 0 )
- d. Total Cost..... (\$ 0.00 )

#### Parental Permission

(To be completed by Parent/Legal Guardian)

Name of Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Check as appropriate: (Please include relationship)

- 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 drive to the activity alone. (Form BO-4, "Application for Use of Private Vehicle to Transport Students" must be completed and attached to this form.)
- My son/daughter may ride in a vehicle driven by an adult to the activity.

I grant permission for the above named student to participate in the activity/activities listed above, and to travel by private or commercial car, bus, train, airplane, and other means of transportation as required. I further give permission to travel by the mode indicated above. 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 above named student, I hereby consent to and authorize such treatment as deemed necessary, and agree to pay for such medical and dental costs if incurred.

\_\_\_\_\_  
Print or Type Parent's/Legal Guardian's Name

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

#### Teacher Acknowledgment for Student Travel

(To be completed by subject teachers, if applicable)

Please sign below to acknowledge that the above student will be missing class because of the activity mentioned above. He/She understands that all class work shall be made up at **YOUR** convenience.

Home Room: \_\_\_\_\_ Period 4: \_\_\_\_\_  
 Period 1: \_\_\_\_\_ Period 5: \_\_\_\_\_  
 Period 2: \_\_\_\_\_ Period 6: \_\_\_\_\_  
 Period 3: \_\_\_\_\_ Period 7: \_\_\_\_\_



# ALAKA'INA DIGITAL BUS WAIVER: STUDENT



Parents/Guardians must read and sign this form PRIOR to their child participating in a project or program with the Alaka'ina Digital Bus.

Dear Parent/Guardian,

Your child has the opportunity to participate in a project with the Alaka'ina Digital Bus Program. Our mission is to cultivate skills and interest in science & technology among the youth of Hawai'i. During an Alaka'ina Digital Bus project your child will utilize cutting edge technology & science equipment in the classroom & field environments to better understand their community's cultural, educational, & environmental literacy components. Some projects involve field-based research, in which case the classroom teacher will provide additional field trip permission forms and transportation arrangement information. \*Please note the Alaka'ina Digital Bus does not transport children. It is a mobile science and technology classroom which students use only while the bus is parked.

### SECTION A: To be filled out by the Teacher

Print Teacher Full Name:	School/Organization:
Project:	Date(s) Participated: August 2019-July 2020
Island: <input type="checkbox"/> Maui <input type="checkbox"/> Moloka'i	<input type="checkbox"/> _____ (initial here). As the supervising organizer from the school/organization mentioned above, I will maintain supervision responsibilities of students during the Alaka'ina Digital Bus Projects.

### SECTION B: To be filled out by the Parent/Guardian

Print Student's Full Name:	Grade:
Our/my child has our/my permission to participate in activities on and relating to the Alaka'ina Digital Bus. We/I understand that my child will not be riding on the Digital Bus for transportation purposes, but that she/he will instead use the Digital Bus to participate in technology and science related learning activities. We/I understand these activities will take place in field (outdoor) and school classroom settings. We/I understand that any inappropriate or unacceptable conduct during our/my child's participation in the project, including inappropriate use of the internet, shall be grounds for revoking or suspending her/his access to and use of the Alaka'ina Digital Bus. Furthermore, we/I understand that such conduct may result in additional discipline as determined by the student's school/organization.	

### SECTION C: PHOTO/PUBLICATION RELEASE. Signed letter of reason must be attached if opting out Of the Photo/Publication Release.

**Permission for Publication:** We/I understand and agree that my child's work created or otherwise generated & photo while using the Digital Bus could be published on the Internet at the sole discretion of Alaka'ina. We/I understand and agree that my child's picture taken while participating in the Digital Bus project could be published either in print (i.e. brochures, fliers, newspaper) and/or on the Internet (i.e. Digital Bus website) at the sole discretion of Alaka'ina. No home address, telephone number, or last names will appear with such work or photographs. Children appearing in a group photo will not be identified individually.

**Waiver and Release:** On my/our behalf and on behalf of my/our child, I/we agree to waive and release the Alaka'ina Digital Bus Program, any & all partnering programs, contractors, & funding sources (its officers, directors, employees, and agents) and agree not to sue any such person for any claims arising from the publication of my/our child's work or image generated while she/he participates in the Alaka'ina Digital Bus Program/Project as set forth in this waiver form.

### SECTION D: Strictly for reporting & funding purposes ONLY. Please fill in completely.

**Ethnicity: Check all that applies.**

White or Caucasian    Hispanic or Latino    Japanese    Hawaiian    Black or African American  
 Chinese    Filipino    Other: \_\_\_\_\_

Participant's Birthdate: \_\_\_\_\_ Gender:  Male    Female    Non-binary

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**WAIVER AND RELEASE -** On my/our behalf and on behalf of my/our child, I/we agree to waive and release the Alaka'ina Digital Bus Program, any & all partnering programs, contractors, & funding sources (its officers, directors, employees, and agents) and agree NOT to sue any such person for any claims arising from an accident / incident while accessing or using the Alaka'ina Digital Bus equipment and vehicles and/or participation in its project as stated in this form. **WE/I have read and fully understand this PARTICIPANT WAIVER FORM and agree to be bound hereby, and to comply therewith.**

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_