



ST. JOSEPH SCHOOL

94-651 FARRINGTON HIGHWAY WAIPAHU, HI 96797
PHONE (808) 677-4475 FAX (808) 677-8937
E-MAIL sjs@stjosephwaipahu.org WEBSITE http://stjosephwaipahu.org

AUTHORIZATION FOR STUDENT EXCURSION 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 activities described.

Name of Student _____ Grade _____

Home Address _____ Telephone _____

Date, Time, and Destination:

Description of Activity:

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 activity;
- 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 activities, unless the injury, damage or loss is caused by the gross negligence or 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/Guardian's name Mother's/Guardian's Signature Date

Print or type Father's/Guardian's name Father's/Guardian's Signature Date

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 these activities.

Mother's Contact # _____ Father's Contact # _____

Doctor's Name _____ Doctor's Contact # _____

Optional authorized pick up person and contact # _____