

RELEASE & PERMISSION FORM HAWAII CONFERENCE DEPARTMENT OF EDUCATION



Name of Student

Adventist Malama Elementary School
Name of School

I give my child permission to use the playground and playground equipment on the school grounds during school hours or as may be arranged.

I understand that the school is relieved of responsibility for an accident or injury to my child when the child is not following the directions/instructions of the school staff during activities on the school campus as well as off the campus when on planned field trips.

I give permission for my child to be taken on planned field trips off campus in an authorized insured vehicle.

I have no objection to my child being given physical, developmental, psycho-logical, or academic tests to help the school administration and staff to better understand and help meet the student's needs.

I hereby grant permission for my child to have any emergency care at school, a clinic, doctor's office, any hospital or medical facility which is deemed advisable in the event the school administration and/or staff is unable to contact either the parent, guardian, or private physician.

PARENT/GUARDIAN AGREEMENT

As a parent of the above-mentioned child, I have read and understand the purpose of the school to care and keep my child safe. I fully understand that my school account must be kept current and bills paid, or my child may be dropped until proper financial arrangements are made.

Date

Signature: Father/Legal Guardian

Date

Signature: Mother/Legal Guardian

Rev. 04/2021