



KAMEHAMEHA SCHOOLS
Kapālama Middle School



Pū'ulu Olopuā Lā Ola Kino Field Trip
Informational Letter

Jan 2016

Aloha Kākou,

Pū'ulu Olopuā will be traveling to Magic Island on Friday, February 5, 2016. Once there, we will be participating in team-building exercises, games, and relay races. The purpose of this excursion is to help our Olopuā team grow together in strong friendship, as well as promote healthy living and an active lifestyle.

The Pū'ulu Olopuā teachers have taken the necessary precautions to provide proper organization, instruction, supervision, and equipment for each activity on this field trip. We will remain responsible for the health, safety, and welfare of your child as long as s/he is in our custody. We cannot ensure that we will protect against any and all injuries sustained; some injuries are due to circumstances beyond our control, while others may be due to the students themselves.

Students should wear their **Olopuā team T-shirt, appropriate length athletic shorts, and running shoes with socks**. Students will also have an opportunity to swim after lunch. If your child plans to swim, s/he should bring **appropriate/modest swimwear**. Girls must wear a one-piece bathing suit if planning to swim. Please ensure that your child complies with the dress code. Due to physical activity, they should also come prepared with a towel, water bottle or sports drink and an extra change of clothes.

If you have any questions and/or concerns, please do not hesitate to contact any of the Olopuā kumu.

Mahalo for your continued cooperation and support,

Nā Kumu o Pū'ulu Olopuā:

Kumu Ryan Parker (Social Studies), ryparker@ksbe.edu

Kumu Denise Ebisuya (English), deebisuy@ksbe.edu

Kumu Michael Sherman (Math), misherma@ksbe.edu

Kumu Laua'e Gouveia (Science), kagouvei@ksbe.edu

Uncle Wayne Gillia (EA), wagillia@ksbe.edu

 1/21/16

Erika Cravalho
Curriculum and Teaming Coordinator

 1/25/16

Pua Ka'ai
Middle School Principal

Roster # _____

EXHIBIT A

KAMEHAMEHA SCHOOLS
Permission to Participate in Field Trip/Activity and Release

Student's Name: _____

Activity: Lā Ola Kino at Magic Island beach park

My Child,

- Has my permission to attend (participate & swim).
- Has my permission to attend (participate & swim), but with the following restrictions:

(Please list any physical or medical conditions that your child may have which may limit his/her participation in the day's activities. Please also indicate any medication, the frequency and dosage that your child may require.)

Has my permission to attend (participate) but does not have my permission to swim.

Does not have my permission to attend.

****Both parent/guardian signatures are required to swim****

Approved By:

Erika Cravalho 1/29/16

Erika Cravalho
Curriculum and Teaming Coordinator

Pua Ka'ai 1/25/16

Pua Ka'ai
Middle School Principal

PART TWO: To be completed by parents/guardians:

6. Expectations and Instructions: I/we understand that my/our child is expected to, and my/our child has been instructed by me/us to do exactly what he/she is instructed to do by the adult staff/volunteer, and to comply with all special requirements, including those listed in #4, above.

7. Insurance and Release: I /we represent that the student has insurance through my/our own insurance carrier and that any claims for accidental injuries must be filed by me/us with my own insurance carrier before presenting a claim to KS.

I/we request that the above-named student be allowed to participate in the trip/activity planned, and I/we hereby specifically consent to his/her participation. If any emergency medical procedure or treatment is required during the trip/activity, I/we consent to the trip/activity supervisor(s) taking, arranging for or consenting to the procedure or treatment in his, her, or their discretion.

In consideration for allowing my/our child to participate in the above-described field trip/activity and on behalf of myself/ourselves, my/our personal representatives, my/our heirs, my/our assignees and my/our child, I/we hereby waive and release any and all claims against KS and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities (collectively also "KS"), for injuries, liabilities, losses, or damages connected with or arising out of my /our child's participation in the trip/activity, my/our child's transportation to or from the trip/activity, or the rendering of emergency medical procedures or treatment, if any.

8. CANCELLATION POLICY: I/we understand that all trips/activities are subject to the terms described in the Notice regarding KS' Policy on Withdrawal of Travel Endorsement and Acknowledgement. I/we am returning a signed acknowledgement of this policy if this trip involves off-island travel.

9. Indemnification Statement: In consideration for allowing my/our child to participate in the above-described trip/activity, I/we agree to indemnify, defend, and forever hold harmless KS from and against any and all claims, proceedings, injuries, liabilities,, losses, damages and expenses including reasonable attorneys fees and costs, relating to or arising out of the trip/activity, my/our child's transportation to or from the activity, or the rendering of required medical procedures or treatment, if any, to my/our child.

10. Parental Consent

I/we have read the information about the Kamehameha Schools'

Pū'ulu Olopuā plans for a field trip/activity as described in detail in this form. I/we have signed this permission form only after understanding and considering the information contained in this form.

Father's/Guardian's Printed Name

Father's/Guardian's Signature/

Date

Mother's/Guardian's Printed Name

Mother's/Guardian's Signature

Date

Address:

Telephone:

Home

Work

Cell