Permission to Take Neighborhood Walking Trips
2020-2021

Student Name _________________________________   Pack # ________________

At MS 447, learning often extends outside of the walls of the building. Throughout the year, in many
different courses, students take walking trips in the area around our school for a variety of purposes. By
completing and returning this form, you give permission for your child to participate in walking trips during
the school day for the 2020-21 school year.

By signing, you also indicate that you understand that:

- This form covers only trips that use walking as the mode of transportation (not buses or subways).
  Students should come to school on each in-person day dressed in warm layers, and should bring
  rainwear and/or umbrella if rain is forecast.
- All walking trips will depart from and return to MS 447 during regular school hours.
- Trips will be to locations within a one-mile radius of the school unless staff sends notice otherwise.
- In the event of an emergency injury or illness, the staff member(s) in charge of your child may act on
  your behalf and at your expense in obtaining medical treatment for your child.
- You are responsible for the actions of your child, and you release the school from all claims and
  liabilities that arise in connection with trips, except if due to negligence of school officials.
- **If your child has any permanent or temporary medical needs that may affect him/her on a trip, you
  must attach a description to this letter upon returning it.**

Parent/Guardian Name: _______________________________________________

Parent/Guardian Signature: _____________________________________________ Date: ___________________________

Daytime Phone Number: ____________________________________ Cell: _______________________________________

For the Student: I have read this form and I understand that I am to act on this trip in the same responsible
manner in which I am expected to conduct myself in school.

Student Signature: _________________________________________________ Date: _______________________________