



## The Math & Science Exploratory School

**Middle School 447**  
345 Dean Street, Brooklyn, NY 11217  
Tel 718 330-9326 / 9328 Fax 718 330-0944  
ms447.org

### Permission to Take Neighborhood Walking Trips 2015-2016

Student Name \_\_\_\_\_ Class # (if known) \_\_\_\_\_

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 all walking trips during the school day for the 2015-16 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). Walking trips require no special clothing other than comfortable shoes and/or outdoor wear.
- 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: \_\_\_\_\_

Additional Contact Name and Relationship: \_\_\_\_\_

Additional Contact 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: \_\_\_\_\_