



The Math & Science Exploratory School

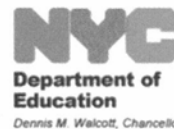
Middle School 447

345 Dean Street, Brooklyn, New York 11217

(718) 330-9326/9328

Fax (718) 330-0944

ms447brooklyn.org



Administration

Dawn M. Faraj-Valle, *Principal*
Arin M. Rusch, *Assistant Principal*
Marcy Sterlis, *Assistant Principal*

Guidance Department

Lisa Bell Lemm, *LCSW*
Stacey Billups, *LMSW*
Star Corvinelli, *Guidance Counselor*
April N. Gurley, *LCSW*

NYC PARENT NOTIFICATION/CONSENT FORM DAY TRIP

Chancellor's Regulation A-670, Attachment No.3

Student Name: _____ Class: _____

School: MS447

Trip Date: October 23-25, 2013

Trip Coordinator: Marcy Sterlis, MS447 Assistant Principal

Destination: Camp Bernie, Ridgewood NJ

Departure Site: MS447, 345 Dean Street, Brooklyn NY 11217 October 23, 2013, Departure Time: 8:00 a.m.

Return Site: MS447, 345 Dean Street, Brooklyn, NY 11217 October 25, 2013 Return Time: 3:00 p.m.

Mode of Transportation: Bus

Purpose of Trip: **team, trust and communication building activities, inquiry learning/science curriculum**

Specific Clothing/Equipment required for this Trip: **cold weather clothes, athletic shoes**

This trip will include the following physical and sports activities: **hiking, rock climbing, ropes courses**

a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in all these activities except for the following:

b) Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

c) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

d) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.

e) I agree and understand that I am responsible for the actions of my child. I release the school from all claims and liability that arise in connection with the trip, except if due to the negligence of school officials.

f) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site and from the destination site to the return site.

g) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.

h) I understand that students who violate the school's discipline code may be excluded in the future by the school from participating in a trip.

i) In an emergency I can be reached at:

Day: () _____ Evening: () _____

Additional Contact:

Name: _____

Day: () _____ Evening: () _____

j) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian) (Date)

STUDENT DECLARATION (To be signed by Middle School and High School students)

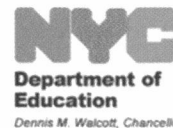
I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

(Signature of Student) (Date)



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Authorization for Medical Treatment: Please complete entirely.

I (we) _____ (Parents / guardian name) of
_____ (Street/City/State/Zip)
_____ (Daytime & Evening phone number)

hereby declare that I am (we are) the parent (s) / guardian (s) having legal custody of:

_____ (name of minor child)

born _____ (Date of birth)

If I / we cannot be reached, I (we) authorize the following person to authorize medical care for my (our) child to Ms. Marcy Sterlis, Assistant Principal, a working adult in MS 447, 345 Dean Street Brooklyn, NY 11217 give consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor, in a recognized medical facility, under the general or special supervision of a physician or surgeon. This authorization will begin on Wednesday, October 23, 2013 8 a.m. and expire on Friday, October 25, 4:00 pm

Medical Information:

Child's Allergies, if any: (drugs, insects, food, etc.) _____

Usual treatment: _____

Existing medical problems or conditions, if any: _____

The medicines you give your child (schedule list overleaf): _____

Child's Medical Doctor _____ Phone _____

(Insurance Company) (Group #) (ID #)

Date of last tetanus shot _____

In an emergency, and the child's parents/guardians cannot be reached, please contact:

Name: _____ Relationship to child: _____

Daytime Phone AND Evening Phone _____

Name: _____ Relationship to child: _____

Daytime Phone AND Evening Phone _____

Name: _____ Relationship to child: _____

Daytime Phone AND Evening Phone _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RIDGEWOOD YMCA PROGRAM WAIVER

I understand that Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all Ridgewood YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the Ridgewood YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the Ridgewood YMCA property.

Name of parent/guardian
(Please Print)

Name of child
(Please Print)

Signature of parent/guardian

Date

E-Mail

Phone Number

Address

City, State, Zip

CAMP BERNIE OCTOBER 23-25 SPECIAL NEEDS AND FOOD ALLERGY NOTIFICATION

THE FOLLOWING INFORMATION MUST BE COMPLETED. MS447 STAFF WILL PROVIDE THE CAMP BERNIE PROGRAM DIRECTOR AND CAMP BERNIE CHEF WITH ANY NECESSARY INFORMATION REGARDING SPECIAL NEEDS OR FOOD ALLERGIES SO THAT THEY CAN PROVIDE ARRANGEMENTS OR ACCOMMODATIONS FOR YOUR CHILD.

SPECIAL NEEDS NOTIFICATION

STUDENT NAME: _____ CLASS: _____

☐

Requires Special Needs Notification

☐

Does NOT require special needs

To the Program Director:

In order for my Camp Bernie experience to be rewarding, I thought you needed to know that I have the following special needs:

I may need assistance with the following things:

FOOD ALLERGY NOTIFICATION

STUDENT NAME: _____ CLASS: _____

☐

Has Food allergies

☐

Does NOT have food allergies

To the Chef: WARNING! I am allergic to _____

In order to avoid a life- threatening reaction, I must avoid all foods that contain

Including these ingredients: _____
