

NOTE: Additional trip information may be attached to this form based upon the unique circumstances of a particular trip. All other modifications require approval of the Office of Legal Services.

## PARENT NOTIFICATION/CONSENT FORM OVERNIGHT/EXTENDED DAY TRIP

Name:	Class:
School (list additional trip sponsors when a	pplicable): MS 447 Trip Date: <u>5 /31 /17</u>
Trip Coordinator: Mr. Eli Smith	, Assistant Principal
Destination: Boston, MA	
Departure Site: MS 447	Departure Time: 7:30 a.m.
Return Site: MS 447	Return Time: 6:00 p.m. 6/2/17
Mode of Transportation:	
Name of Hotel and Telephone No. (If Over	night Trip): 60 Folucational Tours - TBA before trip
Purpose of Trip: Educational to	support Social studies curriculum
Specific Clothing/Equipment Required for the	nis Trip: N/A
	and sports activities (e.g., swimming, horseback riding, ice skating,
skiing, boating, etc.) walking	
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	The reportation with the phase listed physical and aports activities and
	ry associated with the above-listed physical and sports activities and II these activities except for the following:
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	r temporary medical or other condition, including special dietary and
medication needs, or the need for visua	I or auditory aids, which should be known about your child:
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- 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 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) while traveling from the departure site to the destination site, and from the destination site to the return site.
- e) I understand that it is within the school's discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as practicable.