**NYC PARENT NOTIFICATION/CONSENT FORM DAY TRIP**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_
**School:** MS 447

**Trip Date:**(The Circled Date) Trip dates correspond with the classes indicated.

**Sept. 28th**  (701/702)  **Sept. 29th**(703/705)  **Oct. 2nd** (704/706)

**Trip Coordinators:** Mili Katz and Cara Haft
**Destination: Alley Pond Park Adventure Course**

***NOTE: We will leaving school at 8:30 a.m. and will return after dismissal, between 5:00 and 5:30 p.m.. The program runs from 9:30 a.m. to 4:00 p.m.***

***PLEASE NOTIFY Ms. Katz  (mkatz@ms447.org) or Ms. Haft (******chaft@ms447.org******) immediately if you foresee any issues with your child attending due to the departure/return times.***

**Departure Site:** MS 447, 345 Dean Street **Departure Time:** 8:30 a.m. **Return Site:** MS 447, 345 Dean Street  **Return Time:** Approx. 5:00-5:30 p.m.

**Mode of Transportation:**  Yellow bus **Permission slip/Payment due:** 9/20/17 to ELA

**Purpose of Trip:** The Alley Pond trip is meant to reaffirm our school community, allowing seventh graders to strengthen relationships, build confidence in themselves, and to experience the basic principles of supporting one another through challenging activities.

**Specific Clothing/Equipment Required for this Trip:**Comfortable clothing and sneakers. *Students will be OUTSIDE and ACTIVE the entire day, so* ***plan according to the weather. RAIN OR SHINE!***

* Do NOT bring valuables or schoolbooks.
* Bring a water bottle, a snack and a bag lunch. School lunch can be requested on the reverse.

**a) This trip will include the following physical and sports activities:** Ice Breakers, Initiatives, and Low Elements, High Elements.  Alley Pond follows the Challenge by Choice model, no child will be forced to do anything they feel that uncomfortable with. Please see the attached NYC Parks Waiver Form for details. You may visit the Alley Pond Adventure Course website at: **www.nycgovparks.org/programs/rangers/adventure-course/youth-adventure**.

\*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 your child has, including special dietary and medication needs, or the need for visual or auditory aids, of which we should be aware. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 violates 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)** \_\_\_\_(check here) I give my permission for my child to participate in this school trip.

\_\_\_\_(check here) I **do not** give my child permission to participate in this school trip.

\_\_\_\_(check here) Please provide a bagged school lunch for my child.

***If you do not check this box, your child must bring lunch.***

**The cost of the trip is $25.00. No one will be turned away for financial reasons.  Students may choose to sell a box of candy to pay for their trip. Selling ONE box will pay for the trip!** *If you choose this option, we ask that you donate the extra $5.00 to fund other students in need. If you are in need of financial assistance, please contact Ms. Katz (**mkatz@ms447.org**) or Ms. Billups (**sbillups@ms447.org**).*

**\_\_\_\_**(check here) **I am including $25.00 in cash or check payable to MS 447.**

\_\_\_\_ I am including a donation to support another student ($\_\_\_\_\_) *Thank you!*

*\_\_\_\_* I give permission for my child to sell candy to raise money for this trip.

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                          (**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**)

*Return this* ***signed form, the signed waiver and release form,*** *and* ***$25.00 payment*** *in a sealed envelope labeled with student’s name and class to their ELA teachers by* ***Monday, Sep. 25th. All candy sales must also be completed by this time.***