PARENT NOTIFICATION/CONSENT FORM OVERNIGHT TRIP

Student Name:		Class:	
hool: MS 447 Trip Dates: 5 / 29 / 19 to 5 / 31 / 19			
Trip Coordinators: Eli Smith and Ca	ara Haft Destination: Bos	ston and Lowell, MA	_
Departure Site: MS 447, 500 Pacific	St. Departure Time: _7:	:30 a.m., 5/29 Return Site:	MS 447, 500 Pacific St.
Return Time:approx. <u>6:00 p.m. 5/31</u>	Mode of Transportation	: Chartered coach buses	
Name of Hotel and Telephone No.: I	•		nhance social studies
curriculum and build community	•	ment Required for this Trip	
comfortable footwear, sleepwear. A		•	
and sports activities: Walking, recrea			5 F 7
a) I understand that there are		ed with the above-listed phy	sical and sports
activities and I consent to my child	• •	•	•
or write "N/A (not applicable") □	- p		g . (
b) Please indicate below any	permanent or tempora	ary medical or other cond	dition, including
special dietary and medication ne	=	•	
about your child: (Fill out or write "N/A	•	•	
assat year erma. (. m ear er mine 147	· (1101 applicable) =		
c) I agree that in the event of ar	emergency injury or illnes	s, the staff member(s) in char	rge of the trip may act on
my behalf and at my expense in obtaining			J
d) I am responsible for getting n	ny child to and from the der	oarture and return sites identi	fied above. I understand
that my child shall be accompanied by s	staff member(s) while travel	ling from the departure site to	the destination site, and
from the destination site to the return sit	e.		
e) I understand that it is within the s		ravel, accommodations and othe	er arrangements as it deems
necessary. I will be informed of such change	· · · · · · · · · · · · · · · · · · ·	- d	one and a circle and the contract
 f) I understand that the school in ar restaurants, hotels and other services whose 			
not responsible for the actions of these com	-	-	
refunds.			,, q,
g) I understand that my child is exp	ected to behave responsibly a	and to follow the school's discipling	ne code and policies.
h) I agree and understand that I am			om all claims and liabilities
that arise in connection with the trip, except			
i) I understand that students wh	·	•	•
participating in a trip. Additionally, I undo school's discretion to send my child hon		•	•
sent home early, I am responsible for al	. •		-
not refunded to the school.	1 000to abboolated with back	in carry acparture and forfer t	ary mornes paid that are
j) I understand that students wh	o violate the school's discir	oline code may be excluded b	v the school from
participating in a trip.		,	,
k) In an emergency I can be	reached at: Day: () _	Evening: ()
Additional Contact: Name:	Day: () Evening: ()
I) I give my permission for my	y child to participate in th	is school trip.	
, 5		·	
(Signature of Parent/	Guardian)	(Date)	
STUDENT DECLARATION (•	,	idents) I have read this
form and I understand that I am to a	•		·
conduct myself in school.	•	•	<u>,</u>
	ture of Student)		