



The Math & Science Exploratory School

Middle School 447
345 Dean Street, Brooklyn, NY 11217
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ms447.org

Parent Notification/Consent for 8th Grade Day Out

(Name of Student)
(Class Number)

Trip Date: April 12 (Rain Date is April 28)

Destination: Fort Greene Park

- a) I understand that there are risks of injury associated with the above-listed physical activities and I consent to my child's participation in all these activities
- 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:
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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 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 students who violate the discipline code may be excluded in the future by the school from participating in a trip.
- h) **In an emergency I can be reached at:**
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i) I give my permission for my child to participate in this trip

(Name and Signature of Guardian)
(Date)