



Clara Barton High School for Health Professions

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<http://clarabartonhs.org>

Dr. Richard A. Forman, Principal

PARENT NOTIFICATION/CONSENT FORM FOR DAY TRIP

Name: _____

Class: 051/052/053/054

School (list additional trip sponsors when applicable): **Clara Barton High School**

Trip Date: **Friday, 11/30/12**

Trip Coordinator(s): **Ms. Ellen Brody-Kirmss**

Destination: **Sony Wonder Technology Lab, 550 Madison Ave. at 56th St, New York NY, (212) 833-8100**

Departure Site: **Clara Barton High School**

Departure Time: **9:30 AM**

Return Site: **Clara Barton High School**

Return Time: **2:30 PM**

Mode of Transportation: **Walking and Subway**

Purpose of Trip: **Follow-up to class lessons**

Specific Clothing/Equipment Suggested for this Trip: **Comfortable shoes and bring lunch. We will eat our picnic lunch in the Atrium, a nearby public indoor space that has seating, at about 10:45 AM. Our appointment at Sony is at 11:30 AM. If you cannot bring lunch, it can be ordered from school with 3 days' notice.**

This trip will include the following physical and sports activities: **Walking**

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above.

a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all 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 understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

d) 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.

- e) I understand that my child is expected to behave responsibly and to follow the school’s discipline code and policies.
- f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.
- g) 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.
- h) 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.
- i) 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.
- j) In an emergency I can be reached at: Day: (___) _____ Evening: (___) _____
 Additional Contact:
 Name: _____ Day: (___) _____ Evening: (___) _____
- k) I give my permission for my child to participate in this school trip.

_____ (Signature of Parent/Guardian) _____ (Date)

STUDENT DECLARATION

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)

TEACHER PERMISSION

Period	Approves	Does not approve
2		
3	Brody-Kirmss	
4	Brody-Kirmss	
5	Brody-Kirmss	
6		
7		
8	Brody-Kirmss	
9	Brody-Kirmss	