

CONSENT TO PARTICIPATE IN FIELD TRIP

RE: _____
Student's Name

This consent form has been signed only after understanding and considering the following:

1. Destination and other planned site visits for field trip: COOPER HEWITT, SMITHSONIAN
DESIGN MUSEUM.
2 E 91 ST ST, NEW YORK, NY 10128

2. Purposes of the field trip: TO EXPLORE MUSEUM

3. The field trip will involve the following types of activities: EXPLORING THE MUSEUM

4. Student requirements for the field trip: (Describe any special requirements of students who participate, including bringing certain items on the field trip.)
NONE

5. Method of transportation to be used for the field trip: MEET THERE

6. Name of Trip Supervisor: LARISA DAIGA

7. Pickup date and time: 11/24 11:15

Pickup location: COOPER HEWITT

Drop-off time: 11/24 2:00

Drop off location: COOPER HEWITT

8. If any emergency medical procedures or treatment are required for the student during the field trip, I consent to the Trip Supervisor's arranging for or consenting to the procedures or treatment at his/her discretion. I, or other parent or guardian, will be responsible for the costs of such procedures treatment.

INFORMATION TO BE SUPPLIED BY PARENT/GUARDIAN

A. Please contact _____ (give name of appropriate person to contact in the event of an emergency situation involving the student). The telephone number for this person is () _____.

B. The Trip Supervisor should be advised of the following special information or instructions concerning the student, e.g. allergies, nonswimmer, etc. _____

Please note that if the Trip Supervisor is unable to accommodate any special needs of the student, field trip participation may be denied.

Signed by: _____

Relationship to student: _____

Date: / /