

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: walking tour in the City Tech Neighborhood

2. Purposes of the field trip: to explore our local environment; to think about preservation

3. The field trip will involve the following types of activities: walking, looking, talking, writing

4. Student requirements for the field trip: (Describe any special requirements of students who participate, including bringing certain items on the field trip.)

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

6. Name of Trip Supervisor: Jody Rosen / Justin Davis

7. Pickup date and time: 9/19/2012 11:30am Pickup location: NYCCT
Drop-off time: 2:15 pm Drop off location: NYCCT

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 or 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: ___/___/___

R. TRIPFORM.LO/ab