

# BROOKLYNLAB

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## PARENT NOTIFICATION/CONSENT FORM DAY TRIP WITHIN NEW YORK CITY

Student's Name: \_\_\_\_\_ Osis # \_\_\_\_\_ Advisor's Name: \_\_\_\_\_

Trip Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

Faculty Conducting Trip: \_\_\_\_\_

Departure Site: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Site: \_\_\_\_\_ Return Time: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Specific Activities Planned: \_\_\_\_\_

Cost of trip for each student: \_\_\_\_\_

I, the parent /guardian of the student named above, hereby give my permission for my child to take part in the trip described above. I understand that the following conditions apply:

- a) 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.
- b) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.
- c) 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.
- d) I confirm that my child is medically fit and able to participate in all activities described above except for the following activities: \_\_\_\_\_

e) 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.

f) I have indicated below any permanent or temporary medical or other condition(s) including special dietary and medication needs, or the need for visual or auditory aids, which should be known about my child: