Seniors: Permission Slip for PSAT Day

October 14, 2015: Senior Class Photo in Central Park

Return This Sheet to the School Store by Tuesday, October 13; noon. Form must be turned in advance.

Name: ____

Last Name, First Name

PARENT NOTIFICATION/CONSENT FORM



Write OP in Box very largely

ice

School:	LaGuardia High School	Trip Date: October	14, 2015		
Trip Coordinator:	Mark Stricklin-Witherspoon, Assis	tant Principal			
Destination:	Central Park; Band Shell				
Departure Site:	LaGuardia HS	Departure Time:	9:00 AM		
Return Site:	LaGuarida HS	Return Time: 11:30	AM		
Mode of Transportat	tion: Walking				
Purpose of Trip: Sen	nior Class Picture for Yearbook				
	quipment Required for this Trip:	None			
This trip will include the following physical and sports activities (e.g., swimming, horseback riding,					
skating, skiing, boat		· •	•, •,		
a) I understand that the	re are risks of injury associated with				
the above-listed physica	al and sports activities and I consent	Additional Contact:			

a) I understand that there are risks of injury associated with the above-listed physical and sports activities and I consent to my child's participation in all these 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 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 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.

h) 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.

i) In an emergency I can be reached at:

Day: ()		
Evening: (_)	

Additional Contact:				
Name:				
Day: ()				
Evening: ()				

j) I give my permission for my child to participate in this school trip.

(Signature of Parent/Guardian) (Date)

STUDENT DECLARATION (to be signed by Middle School and High School students)

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)