**WILDLIFE CONSERVATION SOCIETY – BRONX ZOO**

**For Wednesday, October 16th, 2013**

I give permission for my child **(PRINT STUDENT'S NAME**) to take part in a class trip to the Bronx Zoo on Wednesday, October 16th, 2013. This trip requires that students meet at the Asia Gate (Gate A) as part of the entire Beacon school freshman group. We will leave as a group from Columbus Circle at 9:30 am. If there is an issue regarding students arriving at Columbus Circle by this time, please contact the school in advance (**no later than Friday, October 11th).** We will form groups and take attendance prior to entering the Zoo. We will be leaving the zoo at approximately 2:00 p.m. and returning by subway to school, allowing enough time to have students back at Beacon by dismissal (2:57pm).

Food at the zoo is expensive. Lunch WILL NOT be provided by the school. We suggest that your child pack a sandwich that day.

This is a working field trip. Students should have a notebook or clipboard and paper, several pens and pencils (for notes and sketches) and weather appropriate clothing.

I give my child permission to **meet the class at 66th St and attend the trip to the Bronx Zoo** on the morning of October 16th, 2013. I understand that my child must be with the group at 9:15 a.m. or be marked absent for the day.

Name of Parent/Guardian (**please print)** Signature Date

ALTERNATE ARRIVAL:

I give my child permission to **meet the class at the Bronx Zoo** on the morning of October 16th, 2013. I understand that my child must be at the Asia Gate**\*** at 10:00 a.m. or be marked absent for the day. This will help determine the chaperone numbers.

Name of Parent/Guardian (**please print)** Signature Date

In the event of a student missing attendance, we will need to contact student/parents/guardians:

Reachable **parent/guardian phone number** during that time (required)

Reachable **student phone number** during that time (required)

Directions to the zoo: Take either #2 or #5 train uptown to East Tremont Ave/West Farm Square. Exit to the left, through the turnstile. At street level, walk straight ahead (follow train uptown) on Boston Road 2 1/2 blocks to the Bronx Zoo gate. This is the Asia entrance (Gate A).

(from: <http://bronxzoo.com/bz-directions_to_the_zoo> ; see also: <http://www.bronxzoo.com/plan-your-trip/directions.aspx>)

*For students intending to be* ***dismissed after*** *the trip,* ***from the Bronx Zoo****,* an *additional* signature of the parent or guardian, daytime phone contact for student **and** parent are required.

I give my child permission to be released from school **at the Bronx Zoo**. My child will check out with a Beacon School teacher on the trip before being released.

Signature of Parent/Guardian

***We must know in writing, in advance (no later than Friday, October 11), if there are any circumstances that require an early dismissal from the site for this student.***

Thanks for your support! This is a great trip and we encourage the kids to take pictures and make future use of this great local resource.

Beacon Science Staff

NYC DoE/Beacon School Parent Notification/Consent Form: Day

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**STUDENT NAME (please print)**  **GRADE/ SCIENCE BAND/ SCIENCE TEACHER**

Trip date: Wednesday, October 16, 2013

Trip Coordinator: 9th grade staff / Beacon Science staff/ Mr Thorp

Destination: Wildlife Conservation Society, Bronx Zoo, Bronx, New York.

(from: <http://bronxzoo.com/bz-directions_to_the_zoo> ; see also: <http://www.bronxzoo.com/plan-your-trip/directions.aspx>)

Departure site: 66th St, NY, NY Departure time: 9:15am

Return site: Columbus Circle, NY, NY Return time: 2:57pm

Mode of transportation: NYC MTA subway Name of Carrier: NYC MTA

Purpose of trip: Education

I hereby give my permission for my child to

**PLEASE PRINT NAME OF PARENT/GUARDIAN OF STUDENT NAMED ABOVE**

take part in the trip to the Bronx Zoo.

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 am responsible for getting my child to and from the departure and return site 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.

f) I understand that it is within the school’s discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as practicable.

g) I understand that the school in arranging for my child’s travel and accommodation selected commercial airlines, trains, restaurants, hotels and other services whose performance and service cannot be controlled by the school. Consequently the school is not responsible for the actions of these commercial entities, including but not limited to lost luggage, unsatisfactory quarters, and refunds.

h) I understand that my child is expected to behave responsibly and to follow the school’s discipline code and policies.

i) 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.

j) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school’s discretion to send my child home from the program, of which I will be informed. I understand if my child is sent home early, I am responsible for all cost associated with such early departure and forfeit any monies paid that are not refunded to the school.

k)**(*REQUIRED)***In an emergency I can be reached at:

Student contact number:

Additional contact: Name (please print)

l) I give my permission for my child to participate in this school learning project.

**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. I accept the rules and regulations set forth by the school and the Department of Education for trips. I will obey the rules and regulations of the Beacon School and the Department of Education. I agree to accept the travel conditions selected by the school. I will participate in the pre-orientation and post-orientation programs provided by the school and the Department of Education. I understand that alcoholic beverages and/or illegal drugs of any and all kinds are strictly prohibited and that if I am found in possession of these substances, I will be subject to school disciplinary procedures and possible criminal prosecution.

PRINT NAME SIGNATURE DATE