

**ALL TRIPS MUST BE REQUESTED AT LEAST ONE  
WEEK IN ADVANCE OF TRIP**

# Checklist for Trip Plan

PLEASE CHECK

1. List Names of all chaperones. \_\_\_\_\_
2. Check to see if any students are on list to travel with a nurse \_\_\_\_\_
3. Have your assistant Principal approve/sign it. \_\_\_\_\_
4. Talk to Mr. Stack's office in regard to coverages. \_\_\_\_\_
5. All chaperones on trip (who are not staff member) identified on trip form \_\_\_\_\_
6. Letter to parents indicating:
  - Purpose of trip
  - Times and Dates
  - Description of travel arrangements\_\_\_\_\_
7. Please be sure to bring the "Trip Attendance Form " signed by each student to Room 119 \_\_\_\_\_

Name of teacher in charge \_\_\_\_\_

Once you have the principal approve the Trip Plan, please have Mr. Stack, APO approve it as well.

Thank you



NOTE: Additional trip information may be attached to this form based upon the unique circumstances of a particular trip. All other modifications require approval of the Office of Legal Services.

**PARENT NOTIFICATION/CONSENT FORM**

**DAY TRIP**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

School (list additional trip sponsors when applicable): \_\_\_\_\_ Trip Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Trip Coordinator: \_\_\_\_\_

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

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

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

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

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

Specific Clothing/Equipment Required for this Trip: \_\_\_\_\_

This trip will include the following physical and sports activities (e.g., swimming, horseback riding, ice skating, skiing, boating, etc.): \_\_\_\_\_

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)

Midwood High School  
at  
Brooklyn College



Michael McDonnell  
Principal



SELECTED AS SCHOOL OF EXCELLENCE IN  
NATIONAL COMPETITION BY THE UNITED  
STATES DEPARTMENT OF EDUCATION

ALAN STACK  
Assistant Principal  
Administration

Date: \_\_\_\_\_

To the teachers of \_\_\_\_\_ off. Class: \_\_\_\_\_  
Student's Name

Your cooperation in releasing the above-named student on: \_\_\_\_\_  
during the periods(s) listed below be greatly appreciated in order to  
permit the students to participate in \_\_\_\_\_.  
Name of Trip

It is understood that the release of a student for this purpose is at your  
discretion, subject to your consideration of his/her achievement in  
your class. It also understood that the student will make up all work  
missed in your class.

Placing your initials next to the period in which the student attends  
your class will signify your approval of request.

Request Approved

Thank you,

Periods:

\_\_\_\_\_  
Signature of Teacher Conducting the Trip

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

