

# MS 8 WALKING TRIP/OUT LUNCH/MEDIA CONSENT & EMERGENCY CONTACT CARD

SCHOOL YEAR 2016-2017

(fill out one per child – **BACK AND FRONT OF FORM**)

**STUDENT NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

## NEIGHBORHOOD WALKING TRIPS PERMISSION FORM

1. As part of the learning experience this year, MS 8 faculty members may require students to participate in trips to various locations in the neighborhood during the school day. Neighborhood trips may include visits to museums, libraries, theaters, and parks within walking distance of school. All field trips will be chaperoned by MS 8 faculty members.

By signing and returning this form, you are giving permission for your child to participate in all class neighborhood trips for the 2016-2017 school year.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## MS 8 OUT LUNCH STUDENT CONTRACT AND PERMISSION SLIP

2. I \_\_\_\_\_, have read and understand the guidelines for out lunch at MS8, I will work hard to demonstrate the independence and responsibility necessary to enjoy out lunch. I understand that my out lunch privilege may be revoked if I am not upholding the expectations of MS8.

Student's Signature: \_\_\_\_\_

I \_\_\_\_\_, have read and reviewed the MS8 out lunch guidelines and give my child permission to attend out lunch.

Parent/Guardian Signature: \_\_\_\_\_



Department of  
Education

Office of Communications and Media Relations  
52 Chambers Street, New York, NY 10007  
Tel: 212.374.5141 Fax: 212.374.5584

3. **CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**

(e.g. educational, public service, or health awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by \_\_\_\_\_. I also grant to \_\_\_\_\_ the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_