Syosset Central School District

**Dr. Thomas L. Rogers**Superintendent of Schools

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**South Woods Middle School** 

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Michelle L. Burget

Principal

Theresa C. Berke Elizabeth Burke

Assistant Principals

Kevin Oswald Administrative Assistant

February 7, 2019

Dear Parent or Guardian:

The Syosset School District is committed to increasing the safety awareness of you and your child as you decide whether or not to permit your child to attend the upcoming overnight school activity of a field trip to **Washington**, **DC** on **October 23 - 25**, **2019**.

### <u>Acknowledgement</u>

This permission slip governs overnight school activities which occur when students leave school grounds for an educational or educationally related purpose involving curriculum-related study, interscholastic athletics, extra-curricular activities, outdoor education or as part of a school-sponsored club. As these events are out of the ordinary, please consider that overnight school activities are an area with possibilities for injury and liability. The off-site locations mean that students are exposed to hazards not present in the usual school environment, and staff members cannot protect all students. Special exposure to hazards including but not limited to air and coach travel, other motorized activities; domestic animals and birds; strenuous activity; outdoor education; amusement part activities including carnival rides, water activities including swimming and boats; and in urban areas, heavy traffic may be present. By consenting to your child's participation in an overnight school activity, you acknowledge those common, ordinary risks which are inherent in and arise out of the nature of the school activity and which flow from your child's participation. You and your child understand the risk of injury by participating in an overnight school activity.

## **Supervision**

The main purpose of supervision is to help protect students from injury or diminish the risk of student injury. Proper supervision for secondary school students does not mean being with students at all times. Depending upon the nature of the school activity, students may be permitted to separate into small groups to, for example, visit different exhibits at a museum, go to the restroom, and enjoy free time in a public location. In hotels, staff will not sleep in the same room as students.

The school will provide supervision. The parent must recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, and that those situations or problems are not reasonably foreseeable or within the control of the school, supervising staff and chaperones.

It remains, of course, your parental prerogative to decide whether or not your child will participate in this trip.

#### Cancellation

As you know, the School District cares deeply about the safety and well-being of your child. Accordingly, there may be circumstances where the School District determines that the health and security concerns for your child, the students and the staff require the School District to cancel or alter a field trip and/or travel plans. The School District reserves the right to cancel field trips and/or change the travel plans of a field trip at any time when at its discretion, the safety and well-being of your child and others is of concern. Please note that, you as the parent(s)/guardian(s) of your child, assume the financial responsibility for all cancelation fees or other losses related to a field trip being cancelled or plans being changed by the School District.

## Acceptance of Risk

By signing the attached school activity permission slip and returning it to the school, you acknowledge the school activity carries with it certain unanticipated risks. By signing the permission slip, you accept that the school activity entails the risk of injury to your child and elect to participate in spite of risks and potential security threats that are not identifiable at this time.

Sincerely,

Michelle L. Burget

Michelle J. Burget

Principal

# PARENTAL PERMISSION SLIP FOR OVERNIGHT SCHOOL ACTIVITY INCLUDING ACKNOWLEDGEMENT, RELEASE AND HOLD HARMLESS

(Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Telephone)  (Indephone)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Telephone)  (Indephone)  (I	My son/daughter,	, has permission to participate in
(Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Telephone)  (Indephone)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Telephone)  (Relationship)  (Telephone)  (Indephone)  (Indephon	the overnight school activity: Washington	DC October 23-25, 2019.
(Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Relationship)  (Telephone)  I understand that my son/daughter will miss class work during the field trip and that he/she is responsible to make up all missed work and assignments. Additionally, I have reviewed with my son/daughter the requirements that he/she remain with the group and follow the directions of all chaperones.  I have read the attached "Acknowledgement, Supervision, Cancellation and Acceptance of Risk" letter that accompanies this permission slip. I understand it and accept the risk of electing to permit my child to participate in this overnight school activity. My consent to my child's participation is purely voluntary and my permission is given in spite of the risks, known or unknown.  ACKNOWLEDGEMENT, RELEASE AND HOLD HARMLESS  I also fully understand that any school travel, activity or outdoor pursuit can have inherent dangers that no amount of care, caution, instruction or expertise can eliminate.	In case of emergency please contact	
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Print Name of Parent or Guardian Signature of Parent or Guardian	·	·
Print Name of Parent or Guardian Signature of Parent or Guardian		
	Print Name of Parent or Guardian	Signature of Parent or Guardian
	Date	