



**City of New York
Parks & Recreation**
Michael R. Bloomberg, Mayor
Adrian Benepe, Commissioner

**City of New York
Parks & Recreation
Urban Park Rangers**
Sara B. Hobel, Director



RCC PERMISSION SLIP

Ranger Conservation Corps Permission Slip: Part 1

Your child will be participating in the Urban Park Rangers' after-school program, Ranger Conservation Corps (RCC). The mission of the RCC program is to provide high school students with an opportunity to experience the natural world that surrounds them in New York City parks. Through a combination of restoration, monitoring projects, and engaging activities, students in the RCC program gain an understanding and appreciation of the living environment.

The RCC program has combined several aspects of environmental education. Students will reinforce what they are learning in school through projects that help improve our parks, monitor the flora and fauna, participate in debates, experience nature at night and go on exciting field trips, such as: camping, hiking, canoeing, fishing, and more!

Your child's RCC program meets every _____ from _____ to _____ pm
At the _____ Nature Center

For more information about the RCC program, please contact the Rangers at () --

Ranger Conservation Corps Permission Slip: Part 2

Student Name: _____ Parent/Guardian Name: _____

Mailing Address: _____

Home Phone: _____

E-mail: _____

School: _____

Grade: _____

Date of Birth ____/____/____

Age: _____

Interests & Hobbies: _____

I hereby give permission for my child to participate in the Ranger Conservation Corps, a project-based after-school program focusing on environmental restoration.

Parent/Guardian

Date

Ranger Conservation Corps Permission Slip: Part 3

HEALTH HISTORY (circle yes or no)

Convulsions yes no
Diabetes yes no
Physical Disability yes no
Chronic Illness yes no

Allergies

Insect stings yes no
Penicillin yes no
Other drugs yes no
Asthma yes no

If you circled yes on any of the above conditions please describe:

Any specific activities that should be limited?

Dietary modifications:

Any other information that Rangers should know?

Current medication(s):

State medication name: _____

Dosage: _____

How Often: _____

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the Rangers to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Rangers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature of parent/guardian: _____

Date: _____

Name _____

Phone Home ()

Address _____

Work ()

In the event that I cannot be reached in the case of an emergency please notify:

Name _____

Phone Home ()

Address _____

Work ()