

# MCS D My Brother's Keeper (MBK) Consent Form

*Please complete this form and return to your child's AP who will forward it to the MBK team.*

*You will be notified once your child has been accepted into our program.*

**For more info about our Monti-MBK program and scheduling, please visit our website at:**

<https://www.monticelloschools.net/about-us/my-brothers-keeper/>

Please see activity schedule listed on the website, which will be different for every child depending on their grade level. All elementary students in MBK are required to be picked up by a parent/guardian.

Students in grades 6-12 will be offered a 4:30pm late bus home. Some activities take place after 4:30pm which will require students to have their own means of transportation home.

If your child is in grades 6-12, please circle how you would like your child to get home from after-school activities that take place after 4:30pm:

(Circle One)

Walk-Home

Pick-Up

Students not able to walk home will need to be picked up by parent/guardian or person(s) noted below:

Person Picking Up Child & Phone Number: \_\_\_\_\_



By checking this box, I give permission for MCS D staff to transport my child in their own personal vehicle, in-case of emergency or if they do not have transportation to or from MBK activities.

**Liability Clause:** I understand that Monticello Central School District shall not be responsible or legally liable for any bodily injuries or the result thereof incurred and suffered by my child while engaged in any activity, unless such loss or injury results directly from negligence or willful act of any employee or volunteer of the Monticello Central School District acting outside the scope of their employment duties.

I acknowledge that my child is in good physical health and suffers from no condition that would restrict her/him from participation in any MBK activities.

**Medical Consent:** I consent that my child be transported and given medical treatment if needed.

**Other:** I also give consent for my child to have their photo or video published for advertisements, publications, social media or press release.

By signing I am confirming that I have read and understand this document in its entirety and I am in full agreement. I am granting permission for my child to participate in all MBK activities, field trips, events, and programs. Should any circumstances arise, I will be available to pick up my child if needed. My child knows that violations of the MCS D and/or MBK Code of Conduct may result in removal from activities and ineligibility from future events.

Name of child enrolling in MBK: \_\_\_\_\_ Grade: \_\_\_\_\_ School Building: \_\_\_\_\_

Name of parent / legal guardian: \_\_\_\_\_

Address of parent/ legal guardian: \_\_\_\_\_

Email of parent/legal guardian: \_\_\_\_\_

Phone number of parent / legal guardian: \_\_\_\_\_

Signature of parent / legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please state any food allergies or any other information about your child that we should be aware of:

\_\_\_\_\_

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Questions? Contact the MBK Coordinator, Michael Regan, at 845-794-8840 x10954 or email mregan@k12mcsd.net