North Lawndale College Preparatory Charter High School
Future Phoenix Shadow Day Permission Slip 2019-2020

Student Name: ________________________________  Grade: __________________

Sponsored By: North Lawndale College Preparatory Charter High __________________

Date of trip: ____________________________  Campus Attending: Collins Campus
1313 S Sacramento Dr

Purpose: Future Phoenix Shadow Day  Elementary School Name: ________________________________

I agree that my son/daughter is required to adhere to NLCP rules while on any NLCP sponsored field trip. I hereby authorize in advance any medical treatment my child may need while attending any NLCP field trip. Furthermore, I agree to absolve the excursion sponsor and attendants of all personal responsibility, knowing that all reasonable precautions will be taken to ensure the safety of my child. I give North Lawndale College Preparatory Charter High School permission to use a photographic image of my child in its publications or on its web site. This photo will be used to illustrate the work of NLCP and to promote the mission and purpose of our school.

I give North Lawndale College Preparatory Charter High School permission to use my child in any video that illustrates the work of NLCP and promotes the mission and purpose of our school. I have not received, and do not expect to receive, any financial payment for these uses.

Parent Signature: ________________________________  Date: ________________________________

Phone Number: __________________  Emergency Phone Number: __________________

Medical Condition (please check the appropriate box)

☐ My child has a medical condition that the trip sponsor needs to be aware of.
   *Please explain and provide any necessary instructions.

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___________________________________________________________________________
___________________________________________________________________________

☐ My child does not have a medical condition that the trip sponsor needs to be aware of.