

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



**NORTH LAWNDALE**  
C O L L E G E P R E P

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Sponsored By:** North Lawndale College Preparatory Charter High

**Date of trip:** \_\_\_\_\_

**Campus Attending:** Christiana Campus  
1615 S Christiana Ave

**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.