

# BERKELEY HIGH SCHOOL

The undersigned parents/guardian of \_\_\_\_\_

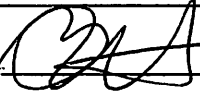
(Print Student's Last Name, First Name)

give their consent for said student to participate in the following activity on Wednesday, December 9, 2015  
(Date)

All Day  Partial Day (Periods to be missed) \_\_\_\_\_

Destination Berkeley High School Theater

Type of Activity BSU Sankofa Assembly (a learning experience focused on African American history and culture)

Signature of Teacher in Charge.  Monique Duncan-Harris  
BSU Faculty Advisor

\_\_\_\_\_  
(Signature of Parent or Guardian)                      Contact #                      Date

\_\_\_\_\_  
Printed Name

In the event that Parent/Guardian cannot be reached in an emergency, the following shall be contacted:

\_\_\_\_\_  
Name of Emergency Contact                      Day Telephone Num.                      Eve. Telephone Num.

CALIFORNIA EDUCATION CODE SECTION 35330, states: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state trips or excursions shall sign a statement waiving such claims."

The above signature agrees to be financially responsible for costs incurred involvement of the injured party and/or the transportation costs if the injured party is moved to another location. The above signature acknowledges his/her responsibility to have available any medical insurance information by providing the minor with a copy of the medical card or insurance carrier's name and policy number.

INSTRUCTIONS TO STUDENT: (Do not obtain teacher's signature during class time.)

1. Fill out the above form and obtain your parent's or guardian's signature.
2. Be sure that your parent/guardian has indicated an emergency contact day/evening number.
3. Obtain the signatures of all teachers from whose classes you will be missing before the date of the activity or you do not participate in the activity.
4. Turn this form into the teacher in charge of the activity

Period 1 \_\_\_\_\_

4 \_\_\_\_\_

2 \_\_\_\_\_

5 \_\_\_\_\_

3 \_\_\_\_\_

6 \_\_\_\_\_