

# Permission Slip



**Event: 2009 Diablo Valley College  
Expanding Your Horizons Conference  
March 7, 2009 8:30 a.m. - 2:00 P.M.**

I grant permission for my child/ward:

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*student name (please print)*

to participate in the Expanding Your Horizons Conference being held at Diablo Valley College, 321 Golf Club Road, Pleasant Hill, from 8:30 a.m. until 2 p.m. Saturday, March 7th, 2009. I understand that my child/ward will also be participating in directed and supervised hands-on activities to help create understanding of career opportunities for females in the fields of applied mathematics and science. Students will be in groups of approximately 15, under the direct supervision of at least one teacher and all precautions are taken to ensure each student's welfare. Your signature below acknowledges responsibility and your agreement that Diablo Valley College, Expanding Your Horizons, its sponsors, and their agents, officers, and employees are held harmless for all claims for injury or damage. I acknowledge having read a description of the workshop categories and understand that the Expanding Your Horizons Conference will take place at Diablo Valley College and that my child/ward may come in contact with live plants or animals, chemicals, biologics, electrical and computer equipment and/or other equipment.

**Parents/guardians are responsible for the transportation and timely drop-off and pick-up of their child/ward.** Child/ward should arrive at Diablo Valley College at or before 8:30 a.m, and should be pick up promptly at 2:00 p.m.

Please sign to indicate that you approve of your child/ward attending the conference on the above-listed date.

**Parent/guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NOTE: please also complete and sign the medical/photo release form on the back.**

# Medical Information Release

Name of medical provider: \_\_\_\_\_

Emergency notification number for parent/guardian:

\_\_\_\_\_

Alternative emergency name and telephone number:

\_\_\_\_\_

**AUTHORIZATION TO TREAT MINOR:** In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the conference staff to secure proper treatment for my child/ward and that I will be responsible for said expense.

The DVC-EYH Conference is a welcoming environment. If your child/ward is disabled, has special needs or dietary restrictions we will gladly accommodate his/her needs. Please list your child/ward needs below:

I have read and hereby certify that the above listed information is correct to the best of my knowledge.

Parent/guardian signature: \_\_\_\_\_

Parent/guardian name (please print): \_\_\_\_\_

## Photo/Video/Website Release

On occasion, representatives from the media or Diablo Valley College wish to photograph, videotape, and/or interview students in connection with school programs or events. Educating the public is one of our objectives. The entire community benefits from knowing about the needs and abilities of our students and about the programs we offer to children and families. In order to release student photos, video footage, comments and/or the county website, we need written permission. To give your consent, please complete the form below.

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, give my consent for Diablo Valley College EYH Conference to use photos, videos, and/or audiotape that includes my daughter for the purpose of publicizing and promoting Expanding Your Horizons. I understand that the images or voice recordings may be published in newspapers or magazines, on the World Wide Web, or be broadcast on television or radio.

Parent/guardian signature : \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: please also complete and sign the permission slip on the back.