

Berkeley MUN 2008

March 14-16

Transportation

Meet Mr Timberlake and Mr Knutson at 6:00 A.M. SHARP in the Southwest Airline Check-in area (Terminal 1) You should be wearing your MUN travel bowling shirts at the airport. We must check in as a group. Bring a picture I.D. (Your driver's license or your Mira Costa I.D. is acceptable)

**Depart from LAX: Flight #745
Friday March 14th @ 8:00 A.M.
Arrive Oakland @ 9:15 A.M.**

**Depart from Oakland: Flight #119
Sunday, March 16th @ 7:00 P.M.
Arrive LAX @ 8:15 P.M.**

Transfers to and from Oakland Airport by private bus.

Hotel

**Hotel Durant #2600 Durant Avenue, Berkeley, CA 94704 (510)655 3034
Chaperones: Mr Timberlake, Mr & Mrs Knutson, Mr Fauver, Mrs Aldrich and
Coach Lee**

When the students arrive at the hotel they will be placing their bags in storage until the afternoon. They will not be able to check into their rooms until after 3:00 P.M. Please talk to your student regarding your expectations about phone calls home. There are many restaurants within walking distance of the hotel. Students will have time before the conference begins to explore the university.

Food and Spending Money

A dinner at Kip's Pizza will be provided on Saturday night, other meals are the responsibility of the student.

We recommend approximately \$50 per day.

There are also many opportunities to buy Berkeley t-shirts and sweatshirts.

Travel Documents

**A green Manhattan Beach Unified School District, Mira Costa High School,
school-sponsored Field Trip Form (each teacher must sign off)**

SCHOOL FIELD TRIP FORMS ARE AVAILABLE ON THE WEBSITE

**(www.mchsmun.org, click on "Berkeley Documentation") AND MUST BE COMPLETED
AND RETURNED BY MARCH 1 TO ATTEND (Completed forms can be placed in the secure mailbox
in Mr. Timberlake's room or can be mailed/delivered to Ellen Kubo, 2404 John St, Manhattan Beach)**

QUESTIONS??? CALL STEPHANIE RAM AT 310 937-9055

**Manhattan Beach Unified School District
Mira Costa High School
School-Sponsored Field Trip**

Parent Permission for Student Participation in Off-Campus School-Sponsored Events

_____ has my permission to attend Berkeley Model United Nations conference
(Print student's name)

(Name of activity or event)
which will take place at: Berkeley, CA

(Location)
Date of event: March, 14-16, 2008 Class or group attending: Model United Nations

Teacher or Leader: Mr Timberlake & Mr, Knutson Method of Transportation: Air, Ground

If traveling by automobile, name of adult driver: _____

Additional Information: _____

1. I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event in the transportation provided and that every reasonable caution will be maintained on the trip.
2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip/event are not considered by the district to be of "high risk" to the participants.
3. Students are responsible to make up any assignments missed due to this school-sponsored field trip.

Medical Information

Student's Name _____
I, the undersigned, parent or legal guardian of the above-named student, consent in advance to whatever medical treatment or procedures might be necessary for my son/daughter in case of injury or illness during the trip to Berkeley, CA. Such treatment may include, but not be limited to, anesthesia, X-ray examination and medical or surgical diagnostic procedures, and shall be in the best judgment of the attending physician. I understand that every reasonable effort will be made to reach me in the case of serious illness or injury.

I understand the nature of the trip and recognize the problems and dangers inherent in said. I believe that the above-named student is able to participate safely in the trip, with the following restriction on activities, foods, etc: List any restrictions here: _____

If any medications are to be taken by the student, please list them here: _____

(Name of drug and reason for use.)
Any special medical problems or instructions should be clearly explained on the back of this sheet and signed by the parent. All medication, except those which must be kept on the student's possession for emergency use, **MUST** be kept and distributed by the staff. All medication must be registered on this form.

Signature of Parent/Legal Guardian
Date

Phone Number

Medical Insurance Coverage

Policy Number

**Teacher Acknowledgement of Student Absence
(School Approved Absence)**

ALL TEACHERS MUST SIGN

<u>Period</u>	<u>Subject</u>	<u>Teacher Initial</u>	<u>Period</u>	<u>Subject</u>	<u>Teacher Initial</u>
0	_____	_____	4	_____	_____
1	_____	_____	5	_____	_____
2	_____	_____	6	_____	_____
3	_____	_____			