

**Northgate High School Instrumental Music
Parent Permission Form Field Trip / Excursion**

Student's Name: _____ Northgate High School

Field trip destination: Practice for Marching Band, NHS

Teacher Sponsoring the Trip: Mr. Greg Brown / Mr. Ben Loomer

Date(s) of Trip: Wed., Aug. 25, thru Nov. 10, 2010

Time of Departure: 3:30p Time of Return: 6:30p

PARENTS ARE RESPONSIBLE FOR TRANSPORTATION HOME FROM SCHOOL FOR STUDENTS AFTER THE TRIP.

My son/daughter/ward has my permission to travel by N/A

to Practice for Marching Band, NHS on the above date(s).

I agree to assume all responsibility for him/her on the trip.

I give my permission for my son/daughter/ward to participate in the field trip/excursion described above. I understand the field trip/excursion is not required and that my child's participation is completely voluntary.

I understand that, pursuant to Education Code 35330, I have waived all claims against Mt. Diablo Unified School District, its officers, employees or agents, and the State of California for injury, accident, illness, or death occurring during or by any reason of this field trip/excursion.

I have read and I fully understand the **Discipline and Behavior Rules and Reminders** for this field trip/excursion. I understand from reading these Rules and Reminders the District's expectations of my child's behavior on this field trip/excursion and the consequences for my child if he/she violates the rules as set forth in the Rules and Reminders.

I understand that if my child purchases, possesses, uses or sells cigarettes, alcohol, illegal drugs or weapons on the field trip/excursion, he/she will be sent home immediately at my expense. I further understand that all of the chaperones on this field trip/excursion are needed to supervise the students who are participating in this event. Therefore, should my child be sent home for the purchase, possession, use or sale of cigarettes, alcohol, illegal drugs or weapons on the field trip/excursion, I fully understand and agree that he/she will not be accompanied by an adult.

I have carefully read this statement and fully understand its contents. I agree to all terms and conditions as set forth herein. I am aware that this is a release of liability of the Mt. Diablo Unified School District, its officers, employees and agents. I sign this permission form and waiver of claims against the District of my own free will.

Parent or Guardian's Signature

Emergency phone number

Date

Parent or Guardian's printed name: _____