Mt. Diablo Unified School District NORTHGATE HIGH SCHOOL FIELD TRIP PERMISSION SLIP

I grant permi	ission for my child/ward:	or Print (legibly) Name of Student	
to participate	e in the following field trip on this	s date: College of San Mateo Jazz Festival,	San Mateo
Approx. time	e scheduled to return to school:	Fri., Nov. 18, 2011 8:00a-9:30p	
Class or gro	up attending:	Jazz Band	
Name of tead	cher and Educational purpose:	Mr. Greg Brown; performance & competition	on
Method of tra	ansportation:	Charter Bus	
Student's sp	ecific medical needs, if any:		
Name of med	dical provider:	phone number:	
Emergency I	notification phone for parent(s) o	r guardian(s):	
Home	Work	Cell	
Alternate em	nergency name & telephone num	oer:	
Prescription medications	AND HEREBY CERTIFY THAT THE A REE TO THE TERMS AND CONDITION gatehs-pfc.com/nimb.html (Go the WAIVER OF CLAIM & THE STUD DERSTAND Student drivers may NO and "PAGE 2" MUST be SIGNED and dian SIGNATURE: X	I certify that I have on file in the school office ABOVE-LISTED INFORMATION IS CORRECT TO T INS LISTED ON <u>PAGE2 OF THE ONLINE PERMISS</u> To FORMS) or <u>http://www.mdusd.k12.ca.us/ogc</u> ENT'S PERMISSION TO DRIVE TO AND FROM TH I transport any other student to or from the field t I ACCOMPANY THIS PERMISSION SLIP IF I allow	HE BEST OF MY KNOWLEDGE. I <u>SION SLIP</u> AT: <u>Spdf/permissionhigh.pdf</u> E DESTINATION. rip location. my child to drive him/herself.
	Teacher	Acknowledgement of Student Absence	
Teacher Approval:	X		Period A
	x		Period 1
	X	Subject	Period 2
	X	Subject	Period 3
	X	Subject	Period 4
	X	Subject	Period 5
	X	Subject	Period 6

(PAGE 1 OF 2 ... I have read and acknowledged the Terms & Conditions listed on page 2 ONLINE) (for

(form approved Nov2007)