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

I grant perm	ission for my child/ward:	or Print (legibly) Name of Student	
to participate		s date: Delta Band Review, Antioch HS	
Approx. time	e scheduled to return to school:	Sat., Sept. 26, 2009 6:00a-6:00p	
Class or gro	up attending:	Marching Band and Auxiliary	
Name of tead	cher and Educational purpose:	Greg Brown / Ben Loomer; performance	& competition
Method of tr	ansportation:	MDUSD Bus	
Student's sp	pecific medical needs, if any:		
Name of med	dical provider:	phone number:	
Emergency i	notification phone for parent(s)	or guardian(s):	
Home	Wor	c Cell	
Alternate em	nergency name & telephone num	ber:	
FURTHER AG http://north This includes NOTE: I UNI I also underst Parent/Guare	REE TO THE TERMS AND CONDITION IN THE STUD IN THE ST	ABOVE-LISTED INFORMATION IS CORRECT TO ONS LISTED ON PAGE2 OF THE ONLINE PERMINO TO FORMS) or http://www.mdusd.k12.ca.us/odent'S PERMISSION TO DRIVE TO AND FROM TO TRANSPORT AND OTHER STATE OF THE PERMISSION SLIP IF I allowed the state of	SSION SLIP AT:  ogc/pdf/permissionhigh.pdf  THE DESTINATION. d trip location. w my child to drive him/herself.
	<u>Teacher</u>	Acknowledgement of Student Absence	
Teacher Approval:	X NOT NEEDED	Subject	Period <b>A</b>
	X NOT NEEDED	Subject	Period <b>1</b>
	X NOT NEEDED	Subject	Period <b>2</b>
	X NOT NEEDED	Subject	Period <b>3</b>
	X NOT NEEDED	Subject	Period <b>4</b>
	X NOT NEEDED	Subject	Period <b>5</b>
	X NOT NEEDED	Subject	Period <b>6</b>