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	e in the following field trip on thi	, , ,	
			9 on Wednesdays 3:30p-6:30p
Class or gro	up attending:	Marching Band and Auxiliary	
Name of teacher and Educational purpose:		Greg Brown / Ben Loomer; MB practice, team building and spirit	
Method of tr	ansportation:	N/A	
Student's sp	pecific medical needs, if any:		
Name of med	dical provider:	phor	e number:
Emergency i	notification phone for parent(s)	or guardian(s):	
Home	Worl	(_ Cell
	nergency name & telephone num		
http://north This includes NOTE: I UNI I also underst Parent/Guard	the WAIVER OF CLAIM & THE STUI DERSTAND Student drivers may NO	o To FORMS) or http://www.mduseDENT'S PERMISSION THIS PERMISSION	I.k12.ca.us/ogc/pdf/permissionhigh.pdf AND FROM THE DESTINATION. from the field trip location. SLIP IF I allow my child to drive him/herself.
Teacher	<u>Teacher</u>	Acknowledgement of Student A	<u>bsence</u>
Approval:	X NOT NEEDED	Subject	Period A
	X NOT NEEDED	Subject	Period 1
	X NOT NEEDED	Subject	Period 2
	X NOT NEEDED	Subject	Period 3
	X NOT NEEDED	Subject	Period 4
	X NOT NEEDED	Subject	Period 5
	X NOT NEEDED	Subject	Period 6