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

I grant permission for my child/ward: _____
  TYPE or Print (legibly) Name of Student

to participate in the following field trip on this date: **SANTA CRUZ BAND REVIEW, Saturday, Oct 18, 2008**

Approx. time scheduled to return to school: _____approx 6am-830pm_____

Class or group attending: _____MARCHING BAND & AUXILIARY_____ _____

Name of teacher and Educational purpose: GREG BROWN   To Develop Music and Marching skills

Method of transportation: _____Charter Bus_____

Student's specific medical needs, if any: _____

Name of medical provider: _____   **phone number:** _____

Emergency notification phone for parent(s) or guardian(s):

Home _____ **Work** _____ **Cell** _____

Alternate emergency name & telephone number: _____

AUTHORIZATION TO TREAT A MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense.
Prescription or over-the-counter medication*: I certify that I have on file in the school office, a current form stating all medications that my child must take.*

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON **PAGE2** OF THE ONLINE PERMISSION SLIP AT:
http://northgatehs-pfc.com/nimb.html (Go To FORMS) or **http://www.mdusd.k12.ca.us/ogc/pdf/permissionhigh.pdf**
This includes the WAIVER OF CLAIM & THE STUDENT'S PERMISSION TO DRIVE TO AND FROM THE DESTINATION.
NOTE: I UNDERSTAND Student drivers may NOT transport any other student to or from the field trip location.
I also understand "PAGE 2" MUST be SIGNED and ACCOMPANY THIS PERMISSION SLIP IF I allow my child to drive him/herself.

Parent/Guardian SIGNATURE: **X**_____

Parent/Guardian name (TYPE or print legibly)**:** _____

Teacher Acknowledgement of Student Absence

**Teacher
Approval:** **X** _____   Subject _____ Period **A**

  X _____   Subject _____ 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)**   (form approved Nov2007)