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

I grant permis	ssion for my c	hild/ward: TYPE or F	Print (legibly) Name of Student	
to participate	in the followir	ng field trip on this	date: FOOTBALL HOMECOMING GAME	AT NORTHGATE OCT 31, 2008
APPROX. time	e scheduled to	o return to school:	<u>CHECK –IN TIME IN BAND ROOM AT</u>	305PMEND 630PM (FRI)
Class or grou	p attending:	<u>CB SB WE JI</u>	B	
Name of teacl	her and Educa	itional purpose: <u>G</u>	REG BROWN PERFORMANCE	
Method of tra	nsportation:	<u>N/A</u>		
Student's spe	cific medical ı	needs, if any:		·····
Name of med	ical provider:		phone number:	·····
Emergency n	otification pho	one for parent(s) or g	guardian(s):	
Home		Work _	Cell	
Alternate eme	ergency name	& telephone numbe	r:	
call 911 and/or that I will be re Prescription of	r to contact a m sponsible for s	nedical facility or phys aid expense. <u>unter medication<i>:</i></u> / c	vent that I cannot be reached in an emergen ician selected by the school staff to secure p certify that I have on file in the school offi	proper treatment for my child and
I HAVE READ A	AND HEREBY C	ERTIEV THAT THE AR	OVE-LISTED INFORMATION IS CORRECT TO	
FURTHER AGR http://northg This includes t NOTE: I UND I also understa	atehs-pfc.co he WAIVER OF ERSTAND Stud nd "PAGE 2" M	RMS AND CONDITIONS om/nimb.html (Go T CLAIM & THE STUDEN ent drivers may NOT to UST be SIGNED and A	S LISTED ON <u>PAGE2</u> OF THE ONLINE PERMIS TO FORMS) or <u>http://www.mdusd.k12.ca.us/or</u> NT'S PERMISSION TO DRIVE TO AND FROM T ransport any other student to or from the field ACCOMPANY THIS PERMISSION SLIP IF I allow	<u>SSION_SLIP</u> AT: gc/pdf/permissionhigh.pdf THE DESTINATION. I trip location.
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