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 th	is date: Car wash, 76 Station @ Civic Dr. & Ygnacio Valley Rd.
Approx. time	e scheduled to return to school:	Sun., Aug. 23, 2009 9:00a-4:00p
Class or gro	up attending:	Marching Band and Auxiliary
Name of tead	cher and Educational purpose:	Greg Brown / Ben Loomer; BOSS fundraiser
Method of tr	ansportation:	on your own
Student's sp	pecific medical needs, if any: _	
Name of me	dical provider:	phone number:
Emergency	notification phone for parent(s)	or guardian(s):
Home	Woi	k Cell
Alternate em	nergency name & telephone nur	nber:
medications	AND HEREBY CERTIFY THAT THE REE TO THE TERMS AND CONDIT gatehs-pfc.com/nimb.html ((the WAIVER OF CLAIM & THE STU DERSTAND Student drivers may No tand "PAGE 2" MUST be SIGNED an dian SIGNATURE: X	ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE ONS LISTED ON PAGE2 OF THE ONLINE PERMISSION SLIP AT: Go To FORMS) or http://www.mdusd.k12.ca.us/ogc/pdf/permissionhigh.pdf DENT'S PERMISSION TO DRIVE TO AND FROM THE DESTINATION. OT transport any other student to or from the field trip location. and ACCOMPANY THIS PERMISSION SLIP IF I allow my child to drive him/herself.
	Teache	r Acknowledgement of Student Absence
Teacher Approval:	X NOT NEEDED	SubjectPeriod 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

(form approved Nov2007)