

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: **MARCH-A-THON in Northgate area, Saturday, Sep 20, 2008**

Approx. time scheduled to return to school: 8am – 1pm

Class or group attending: MARCHING BAND & AUXILIARY

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

Method of transportation: N/A

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 PAGE 2 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:	<b>X</b> _____	Subject	_____	Period	<b>A</b>
	<b>X</b> _____	Subject	_____	Period	<b>1</b>
	<b>X</b> _____	Subject	_____	Period	<b>2</b>
	<b>X</b> _____	Subject	_____	Period	<b>3</b>
	<b>X</b> _____	Subject	_____	Period	<b>4</b>
	<b>X</b> _____	Subject	_____	Period	<b>5</b>
	<b>X</b> _____	Subject	_____	Period	<b>6</b>