

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: **Band Camp, NHS**

Approx. time scheduled to return to school: **Mon. thru Fri., Aug. 17-28, 2009 8:00a-4:00p**

Class or group attending: **Marching Band and Auxiliary**

Name of teacher and Educational purpose: **Greg Brown / Ben Loomer; MB practice, team building and spirit**

Method of transportation: **not applicable**

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 _____	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