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	f Student
to participate in the following field trip on this date: YOSHI'S	JAZZ CLUB, OAKLAND MAY 18, 2009 (Mon)
APPROX. TIME scheduled to return to school: <u>REPORT TO</u>	BAND RM 310P, DEP 340PM, RETURN 1230AM
Class or group attending: <u>JB</u>	
Name of teacher and Educational purpose: <u>GREG BROWN</u>	PERFORMANCE (2 SHOWS REQUIRED)
Method of transportation: <u>PRIV</u>	ATE CARS
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 permission to call 911 and/or to contact a medical facility or physicia for my child and that I will be responsible for said expense. Prescription or over-the-counter medication: I certify that I have medications that my child must take.	n selected by the school staff to secure proper treatment
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 <u>PAGE2 OF THE ONLINE PERMISSION SLIP</u> AT: <u>http://northgatehs-pfc.com/nimb.html</u> (Go To FORMS) or <u>http://www.mdusd.k12.ca.us/ogc/pdf/permissionhigh.pdf</u> 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.	
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