

**Oakland Hebrew Day school**  
**5500 Redwood Rd. Oakland, CA 94619**

**PARENT FIELD TRIP PERMISSION FORM FOR GRADES K-8**

Dear Parent/Guardian:

We are planning the following class field trip. Please review the specifics.

DESTINATION: \_\_\_\_\_

NATURE OF TRIP (i.e., museum, camping): \_\_\_\_\_

DATE OF SCHOOL FIELD TRIP: \_\_\_\_\_

TRANSPORTATION: Walk \_\_\_\_\_ Bus \_\_\_\_\_ Bart \_\_\_\_\_ Parent Driver \_\_\_\_\_

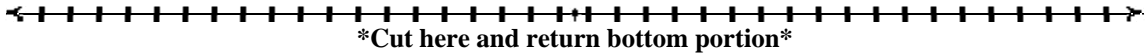
TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

FOOD: Please Provide: Bag lunch \_\_\_\_\_ Bag snack \_\_\_\_\_

COST PER CHILD: \_\_\_\_\_

(Checks should be made out to OHDS).



**PLEASE COMPLETE THE AREA BELOW AND RETURN THIS SECTION TO THE SCHOOL.**

I hereby give permission for my child \_\_\_\_\_ to participate in  
(Please Print Name)

the field trip to \_\_\_\_\_

I Can \_\_\_\_\_ Cannot \_\_\_\_\_ drive on this field trip.

I Can seat \_\_\_\_\_ children in seat belts.

- **No rear facing seats for children.**
- **Parent Driver must sign volunteer driver's contract on the day of the field trip.**
- **Parent driving need to present proof of license and insurance to the school office.**

**Emergency contact phone number#** \_\_\_\_\_

I fully understand that my child is to accept all rules and requirements governing conduct during the field trip. I understand that any student determined to be in violation of or not fulfilling these behavior standards will be sent home at the parents' expense.

In the event of any illness or injury, I hereby consent to what ever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and /or surgeon as deemed necessary for the safety and welfare of my child.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**\*Teachers: Please submit one complete copy of this form to the front office\***