

6th Grade End of Year Trip

Dear 6th Grade Students & Parents,

We are excited to offer our 6th graders the opportunity to travel to Old Salem on May 22nd for the day. We will be leaving at 7:00 a.m. and returning at 5:30 p.m. Mrs. Wall, Mrs. Scruggs, Mrs. Cable, and Ms. Perez will be chaperoning.

Old Salem is located in Winston-Salem and is an old world Moravian village. The total cost of the day trip is \$35. This includes transportation and admission. We will be eating lunch at the Old Salem Tavern and also have an opportunity to visit the gift shop that day. *Please bring \$15 for meals and up to \$20 for souvenirs.*

Thanks,
Shannon Wall

**STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE**

SCHOOL/CLASS TRIP AUTHORIZATION, MEDICAL CONSENT, AND WAIVER

The undersigned _____ and _____, being the parent(s) and/or legal guardian of _____, a student enrolled at Carolina Day School, hereby certify that I/we have been made aware of a proposed school trip to **Old Salem, NC** which has been authorized by the school and is fully described on the enclosed sheet(s). The trip will begin on May 22, 2008 and end on May 22, 2008.

I/we do hereby consent to the trip as outlined in the accompanying correspondence and do hereby authorize Carolina Day School, acting through its agents, to take each and every act reasonably necessary for the complete safety, discipline, and health of my/our child. Specifically, I/we do hereby authorize an agent of Carolina Day School to request, authorize and/or consent to any medical care that might appear to be reasonably necessary relative to the health of my/our child. Carolina Day School, acting through its agents, is hereby given discretionary authority to determine when such medical care might be necessary. This Authorization may be treated as the full consent of the undersigned to necessary medical treatment of my/our minor child by any attending physician, hospital, or health care provider.

Specifically, and not by way of limitation, I/we do hereby authorize Carolina Day School to establish rules and regulations for the conduct of my child during the proposed trip and to exercise discretion in the enforcement of the rules or procedures established relative to my child. I/we do hereby authorize the School take such action, at the discretion of the School, as is necessary to protect the overall safety of all of the children on the trip.

I/we agree to fully release and further hold harmless Carolina Day School and the trip's individual chaperones, through the signatures below, from any and all liabilities, losses, damages, claims, actions, costs, and expenses relative to any bodily injury and / or property damage arising out of participation in this trip. The undersigned waive(s) any right to any and all claims, liabilities, costs and expenses of any nature against Carolina Day School for any cause whatsoever arising out of any form of personal or bodily injury resulting from participation in the class trip.

I/we hereby certify that we have read and understand the nature and location of the trip and accompanying trip description.. I/we have approved the terms and conditions of the proposed trip and consent for my/our child to participate in such trip under the supervision of Carolina Day School. I/we have inserted on the space provided herein the name, address, and telephone number of any person to be contacted in the event of an emergency.

This the _____ day of _____, 20____.

I/we am/are the legal Guardian(s) of _____ and through signature have the authority to execute this document:

In Case of Emergency, Contact:

Name

Parent/Guardian Signature

Address

Parent/Guardian Signature

Phone