

**STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE**

GENERAL 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 that throughout the school year, 2010-2011, my child will participate in off-campus field trips within a 400-mile radius of Asheville. These trips include but are not limited to regional educational experiences and travel pertaining to participation in interscholastic athletic programs.

I/we do hereby consent to my child's participation in any of these field trips or trips pertaining to my child's involvement in interscholastic athletic programs 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. I/we understand that we are financially responsible for any necessary medical care and that my/our insurance company will be the primary carrier as to any claims.

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 trips and to exercise discretion in the enforcement of the rules or procedures established relative to my child. I/we do hereby authorize the School to 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 hereby certify that we have read and understand the nature of this document. I/we have approved the terms and conditions of the document and consent for my/our child to participate in field trips and interscholastic athletic programs 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