

Gnomes Field Trip Itinerary

Dear Parents,

On May 7, 2014, we will be taking our team to see the newest Disney Nature movie on Bears (<http://nature.disney.com/bears>). This movie will connect nicely with our study of ecosystems. We will be looking specifically for evidence of the ways that bears are uniquely suited to survive and thrive in their habitat.

The field trip will cost \$10 per child. That includes both the cost of the movie and the cost of yellow bus transportation from Salem Middle to the Beaver Creek Theaters.

Money and permission slips are due back to Salem Middle by March 14th. Checks should be made payable to Salem Middle School.

Please note that there is also a school lunch order form included in this packet of materials. We will be arriving back on Salem's campus after our regularly scheduled lunch period – so if your child normally buys lunch, please be sure to fill out the attached order form so that a bag lunch can be prepared for them.

Hope this helps,
Bill Ferriter

Destination: Beaver Creek Movie Theater – Disney Nature Bears

Schedule: May 7, 2014

10:00	Depart Salem Middle
10:15	Arrive at Beaver Creek
10:30 – 12:00	Watch Disney Nature Bears
12:00 – 12:15	Return to Salem Middle

Lunch Order:

Student Name: _____ Lunch Number: _____

Meal Choice: (Circle One)	Turkey w/ Cheese	Turkey and Ham w/ Cheese	PBJ	Cheese and Crackers
Milk Choice: (Circle One)	Chocolate	White	Strawberry	

*****Lunch also comes with vegetables and fruit.***



PARENTAL CONSENT AND EMERGENCY INFORMATION FOR SCHOOL TRIPS

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED PRIOR TO THE SCHOOL TRIP, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL IN A SUPERVISED ACTIVITY.

Trip or Activity Planned Field Trip to See Disney Nature's Bears

Attached is an itinerary that includes the place or places to be visited, a daily schedule of activities, and the dates, times, and places of departure and return.

Purpose of Trip or Activity To reinforce content from our unit on ecosystems

Name of Teacher/Sponsor The Gnomes School Salem Middle School

Method of Transportation WCPSS Yellow Busses. (WCPSS owned vehicle, charter bus/contract vehicle, *privately-owned vehicle)

*When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.

Changes/Cancellations

I understand school trips may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the school trip.

Expectations and Instructions

I understand the following is expected of the student.

- To follow instructions given by the teacher/chaperone.
Not to leave or separate from the group without appropriate authorization from a teacher/chaperone.
Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions are violated, I understand school officials reserve the right to remove the student from the trip and the student will be subject to school disciplinary consequences.

Insurance Coverage

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE TRIP PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION.

Name of Student

Parent/Guardian Signature

Date

Student Signature (Grades 6-12)

Date

Special Conditions

If the trip includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE _____ DO NOT AGREE _____ TO THE ABOVE SPECIAL CONDITIONS.

Parent/Guardian Signature _____ Date _____

Parent/Legal Guardian Medical Emergency Authorization

In the event of a medical emergency while my child is participating in a school trip, I authorize Wake County Public School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Information

1st Choice

2nd Choice

Name: _____

Phone: _____
(Day) (Night) (Day) (Night)

(Mobile) (Mobile)

Emergency Medical Information (Please complete as applicable.)

Family Physician: _____ Phone Number: _____

Date of last tetanus booster: _____

My child is allergic to: _____

Medication taken routinely: _____

Special health needs: _____

Name of insurance company: _____ Policy #: _____

This form must be kept with school officials at all times during the school trip.