

WASHINGTON/GETTYSBURG 2024

May 28-29-30

Claymont 8th Grade Students have the opportunity to tour Washington DC/Gettysburg. The tour will depart Tuesday, May 28 at 6:30am and return Thursday, May 30 at 9pm

* Chaperones are Claymont School Staff/Administrators

*** PRE-TRIP PARENTS MEETING: Monday, October 2nd at 6pm**

PRICE PER STUDENT: \$500 (48 students per motorcoach) \$515 (44 students per motorcoach), \$535 (40 students per motorcoach), \$565 (36 students per motorcoach). Final balance payments will be determined on October 27. Tour Includes: Roundtrip Deluxe Motorcoach Transportation, 2 nights lodging at Hilton Hotel Fairfax, Va. (4 Students per room)., 8 Meals (2 Tuesday, 3 Wednesday, 3 Thursday) 3 Custom T-Shirts pp, Medieval Times Dinner Tournament, All Gettysburg Admissions, Guide Fees, all taxes & gratuities included. * This tour is offered through Traveling Classrooms.

PAYMENT INFORMATION

* \$ 100.00 Non-Refundable Deposit Due October 18-19, 2023

* Late deposits accepted on a "space available" basis

* \$ 150.00 Refundable 2nd Payment Due February 15-16, 2024

* \$ Balance Amount TBA. Refundable Balance Due April 4-5, 2024

PAYMENT METHODS

● Payments Collected at school by Traveling Classrooms on the mornings listed above during student arrivals

1. Checks/Money orders payable to: Traveling Classrooms * Cash accepted and receipts provided

(Write school and student name on memo area of check.)

2. Credit Cards using VENMO App.

(Go to Traveling Classrooms website, Click "Payments", follow prompts

3. Mail to: Traveling Classrooms PO Box 35926 Canton, Ohio 44735 * Write student/school names on memo area

REFUND POLICIES

***Individual Refund Policy:** The deposit is Non-Refundable. The deposit secures the transportation, lodging, meal, admission reservations per student. Balance Refund Policy: Cancellation 29+ days from departure- Full Balance Refund. Cancellation 28-0 days from departure \$50 Refund. PARENTS PLEASE NOTE: If a student is dismissed from this trip due to a School Conduct Code violation, the refund policy will remain in force as listed.

*** Group Refund Policy:**

1. If school postpones and reschedules this trip all payments will be transferred to the new date. The school will select the date. No individual refunds.

2. If school cancels this trip without a reschedule date, Traveling Classrooms will retain \$50 per student for all business related costs. * Traveling Classrooms is not financially responsible for trip postponements or cancelling due to acts of war, terrorism, weather, govt. conditions or other reasons beyond Traveling Classrooms control.

SIGHTSEEING AREAS:

Lincoln Memorial	Marine Iwo Jima Memorial	Gettysburg Film
Capitol Building	White House (*Outside Pictures)	Gettysburg Cyclorama
Arlington Cemetery	WW II Memorial	Gettysburg Battlefield Tour
Udvar- Hazy Smithsonian	American History Smithsonian	Jefferson Memorial
Vietnam Veterans' Wall	Korea Memorial	FDR Memorial
Natural History Smithsonian	MLK Memorial	Washington Monument * Outside



Claymont—Washington D.C. Bus Assignment:
(please print information and complete entire form)

(Student Last Name) _____	(First Name) _____	(Address) _____	(Date of Birth) _____
#1 (Parent/Guardian Name) _____	(Home Phone) _____	(Work Phone) _____	(Cell Phone) _____
#2 (Parent/Guardian Name) _____	(Home Phone) _____	(Work Phone) _____	(Cell Phone) _____
Insurance Company _____	Policy/Group # _____		

Important health information :

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature _____ Date _____

School Nurse or designee has my permission to administer the following medications as needed (please do not send in):

- Benadryl (diphenhydramine hcl): 1 or 2 tabs, 25mg every 4 hours as needed (minor allergic reaction)
- Dramamine (dimenhydrinate): 1 or 2 tabs, 25mg every 6-8 hours- do not exceed 6 tabs/24 hour period (motion sickness)
- TUMS (calcium carbonate): 2 tabs, 750mg, every 1 hour as needed, do not exceed 8 tablets/24 hour period (upset stomach)
- Tylenol (acetaminophen): 1 or 2 tabs, 325 mg every 4 hours as needed (pain or fever)
- MOTRIN (ibuprofen): 1 or 2 tabs, 200 mg, every 4 hours as needed (pain or fever)

REQUIRED Parent Signature _____ Date _____

Over the counter medications NOT requiring a physician's order but that need to be administered during the trip:

Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____

REQUIRED Parent Signature _____ Date _____

******* THE SECTION BELOW MUST BE COMPLETED BY A PHYSICIAN *******

Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____
Medication _____	Dose _____	Time _____

REQUIRED Parent Signature _____ Date _____

REQUIRED Physician Signature _____ Date _____

INSTRUCTIONS:

MEDICATION

- PLEASE CONSIDER YOUR CHILD'S MEDICATION NEEDS FOR THE TRIP:
 - IT WILL BE ALLERGY SEASON WHEN WE GO TO WASHINGTON DC IN SPRING
 - CHILDREN GET MOTION SICKNESS, HEADACHES, AND STOMACH ACHES ON THE TRIP AND WE CANNOT ADMINISTER MEDICATION IF THE FORM IS NOT SIGNED
- A doctor's signature **IS REQUIRED** on the form for **any** prescription medication to be given. No notes or phone calls will be accepted.
- If your child needs daily medication, please be sure he/she has a supply **only** for the duration of the trip – **please do not send in extra.**
- If medication is left at home or lost, the child will have to wait until they return home to receive the medication.
- **All medication must be in the original prescribed or original over-the-counter container and clearly labeled with the student's name, name of medication, time and dosage to be given.** Your pharmacist can supply you with an extra container if necessary.
- All empty containers will be discarded.
- All medication will be carried and dispensed by the nurse accompanying the students. This information will remain confidential. If your child uses an inhaler or Epipen, he/she will be permitted to carry it, however, this form must be completed as directed. The inhaler/Epipen should be clearly labeled with the information stated above.
- Generic: Tylenol, Tums, Dramamine, and Benadryl will be available from the nurse for students who have a parents signature on their medication form. **Please do not send in these meds.**