



WEST SHORE CHRISTIAN ACADEMY

Daytime Field Trip Permission Form

I give my permission for _____ to accompany
(student name)

Miss Ballasy, Mrs. Leatherman, Mr. Smith on a field trip to
(staff name)

Pollock Center on 3/9-3/13, 3/16-3/19 from 3:15-6 PM, 3:15-10 PM (Wk. 2)
(location) (date) (time - leave/return) ⁺ 3/10

Cost: 0 Checks payable to: _____

Lunch plan: N/A

Dress code: School dress code

Return permission slip by 3/2/20. (Slip must be in office before student can attend.)

Items to bring along: _____ I understand the transportation is by:

Private Vehicle _____ WSCA Van _____ WSCA Bus Public Transportation _____

I have read the foregoing fully and completely understand the contents hereof. My signature on this document constitutes a complete waiver of liability for any and all claims of any kind, on my behalf as well as for the above named student, against CSAGH and its Board of Directors, their agents, servants or employees, arising out of the use, storage, administration or handling in any way of the emergency prescribed medication(s) which is (are) on the student's Medical Action Plan. The only medicines to be administered by the teacher or chaperoning parents will be epinephrine (Epi-Pen) or an asthma inhaler. I understand that emergency medical services will always be notified when epinephrine is administered, whether or not the student manifests any symptoms of anaphylaxis. Copies of this form will be in the WSCA offices and with the teacher during the field trip.

Parent/Guardian signature _____ Date _____

Emergency contact numbers for day of field trip: _____

Notes from parent/guardian: Students must be picked up at the P Ctr. at the end of each rehearsal. The bus will not be returning to WSCA. Student drivers may not transport other students. Please check either box below if applicable:

Notes from the teacher: _____

My child drives to school and has my permission to drive daily from WSCA to the Pollock Ctr.

I will transport my child from WSCA to the Pollock Ctr on _____
(dates)