

I authorize **Wescare Christian Academy** to take my children on any field trips to places of interest by means of Church Van or Activity Bus owned by First Wesleyan Church of Troy. I am aware that I will be notified of all planned activities scheduled throughout the year.

**Activity Bus:**

I understand that my child will not be buckled in their seat as the current NC laws for this school bus does not require seat belts. I hereby agree that the First Wesleyan Church and the leaders are released from all liabilities above insurance coverage arising out of any accident, mishap or sickness that may occur in connection with the operation of Wescare Christian Academy. I understand that the First Wesleyan Church of Troy carries insurance which pays the balance of what the child’s or family’s insurance will not pay up to certain policy limits. Children of families who have no insurance are covered to the extent of our policy limitations.

List allergies or medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Sponsor authorized to approve medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Is participant covered by personal/family medical insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy or group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**FIELD TRIP PERMISSION** **FORM**