

EVANGELICAL COVENANT CHURCH  
915 Plumtree Road  
Springfield, MA 01119-2930

**PARENTAL PERMISSION SLIP**  
**Hi League 2018-2019**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Cell \_\_\_\_\_ Address: \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent email \_\_\_\_\_

Name and phone number of alternate adult, in case parent cannot be reached: \_\_\_\_\_

My child has permission to participate in the following activities:

All ECC HI LEAGUE EVENTS FROM SUMMER 2018-SUMMER 2019

I understand when necessary they will travel by church van and borrowed vehicles driven ONLY by adult leaders and will be accompanied by HI LEAGUE STAFF MEMBERS AND OTHER ADULT LEADERS ECC FINDS APPROPRIATE.

I certify that my child is in good health and can participate in all normal activities of the group (list exceptions)

\_\_\_\_\_

My child has the following allergies \_\_\_\_\_

My child needs the following medications: (instructions should be listed on the back of this form) \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier Name \_\_\_\_\_ Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

date

parent signature

phone

THIS FORM MUST BE SIGNED AND RETURNED TO YOUR CHILD'S LEADER BEFORE THEY MAY ATTEND ANY ECC HIGH LEAGUE EVENTS IN THE 2018-2019 SCHOOL YEAR AND SUMMER.

**NO CHILD LEAVES THE CHURCH WITHOUT THIS PERMISSION SLIP!**