

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

PARENTAL PERMISSION SLIP
Jay Vees 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 JV EVENTS BETWEEN JULY 2018 THROUGH AUGUST 2019

I understand when necessary they will travel by church van and borrowed vehicles driven ONLY by adult leaders and will be accompanied by JV 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 JV EVENTS IN THE 2018-2019 SCHOOL YEAR AND SUMMER.

NO CHILD LEAVES THE CHURCH WITHOUT THIS PERMISSION SLIP!