



Evangelical Christian School

I give my permission for my son/daughter _____ / _____
Name/Homeroom Teacher

to participate in the _____ on _____
Place Day/Date

I absolve the school and the driver of the vehicle from liability if an accident or injury should occur during this school activity. I authorize medical personnel to administer first aid to my child if an injury or illness should occur.

Emergency Phone Numbers: _____

Parent's Signature: _____



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