

**EVANGELICAL CHRISTIAN SCHOOL**  
**ACTIVITY PERMISSION FORM 2018-2019**  
**(Medical Permission Form/Transportation Authorization)**

Name (Print) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_ Phone (work) \_\_\_\_\_  
(cell) \_\_\_\_\_

Emergency contact name and phone number:

\_\_\_\_\_

**Parental Consent**

KNOW ALL MEN BY THESE PRESENTS: That I \_\_\_\_\_ of Memphis, TN, have and by these presents do hereby nominate, constitute and appoint appropriate ECS personnel as my true and lawful attorney(s) in fact for me and in my name and stead to execute in my name any papers or authorization necessary for obtaining medical treatment of any sort whatsoever for the benefit of my child \_\_\_\_\_, to the extent that I might do were I present in person. I do hereby declare that this power of attorney shall only exist for the period from 8/15/18 to 5/22/19 and only when my child is participating in school activities under their authority. IN WITNESS WHEREOF, I have here unto set my hand on this the \_\_\_\_ day of \_\_\_\_\_, 2018.

I have read and support the guidelines stated above.

\_\_\_\_\_ Date  
Parent or Guardian

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Please list any medical problems, drug allergies and daily medications below:

**This form must be turned in to the student's First Period Teacher on the first day of school.**