



Place and purpose of activity/trip: Zap Zone Lazer Tag - (3) games of laser tag, arcade games and a pizza lunch.

Date of activity/trip: Wednesday, April 6, 2016 Means of transportation: Bus

Time leaving school: 10:30 AM Time returning to school: Approx. 2:30 PM

This permission slip must be signed and returned, together with any medical documents necessary to explain the items mentioned below by Monday, April 4, 2016.

I, the parent or guardian of _____, give my permission for the child to participate in the activity or field trip described above. Should a medical emergency arise, Planet Kids Premier Academy, or its agent, has my permission to seek and authorize emergency medical care for the child in my absence.

I agree to indemnify and hold Planet Kids Premier Academy, its employees, and its volunteers harmless from any tort claim brought by or on behalf of the child as a result of any action or inaction taken by Planet Kids Premier Academy, its employees, or its volunteers in connection with this activity or field trip.

Dated: _____ Signature: _____

Printed Name: _____
(Parent or Guardian)

Home phone: _____ Work Phone: _____

Other number where I or my spouse can be reached: _____

Allergies or special medical problems: _____

Insurance Company: _____ Policy Number: _____

Insurance Contact Number: _____