



Youth and Family Services
322 MAIN STREET
OLD SAYBROOK, CONNECTICUT 06475
(860) 395-3190 • FAX (860) 395-3189
www.oldsaybrookct.org/youth

PARENT PERMISSION FOR
JAC LASER TAGGING

Destination: Laser Quest in Newington, CT

Date: December 28, 2017

Cost: \$30, cost included transportation, pizza, water, laser tagging admission (3 games)

Departure Time: 11am from Youth and Family Services (322 Main Street)

Return Time: 3:30pm to Youth and Family Services (322 Main Street)

Chaperones: Wendy Mill, Jodi Kelly

Student's Name: _____

Grade: _____ **Date Of Birth:** _____

Student's Cell Phone Number: _____

Parental/ Guardian Contact Information

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

I hereby give my son/daughter (print name) _____

permission to travel to Newington, CT. I understand that this trip has been approved by Youth and Family officials and that my son/daughter shall abide by the rules and regulations as set forth by the Director of Youth and Family Services relative to this trip.

Should an emergency arise, I hereby give the chaperones of this trip, Jodi Kelly and Wendy Mill permission to arrange for immediate treatment. Parents/guardians will be notified immediately. In the event that neither parent/guardian can be reached, I grant authority to the above stated chaperones to act in a medical emergency and secure medical attention at a nearby medical facility.

Parent/Guardian Signature _____ **Date** _____