



*Saint Luke Senior High Youth*

---

---

## **Laser Tag Permission Form**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Special Needs: (Accessibility, food Allergies, Medical, etc.)

---

---

---

I hereby give permission for my child to travel with the Saint Luke Lutheran Church High School Youth for a social activity at Laser Tag in Gaithersburg from 7:00pm – 10:30pm January 31, 2026. The Saint Luke Youth and Young Adults will be travelling in the Saint Luke van and/or with other adult drivers. There is no cost for this event.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency and if I cannot give authorization in person, the signature above gives authorization to the staff of this event to seek emergency medical treatment for the above named child. This authorization is only valid for this event.