

___/___/___

(Date)



LAKELAND
LEARNING
CENTER

FIELD TRIP WAIVER

gives permission to Lakeland
(Parent's Name)

Learning Center to transport

(Child's Name)

in the Lakeland Learning Center van from the center to SKYZONE. We
will be leaving at 9:30 a.m. and getting back in time for lunch.

**In the event of a medical emergency, Lakeland Learning Center may
obtain emergency medical treatment for your Child.**

**I understand there is a fee that must be paid on the parent portal for
my child to participate!**

(Parent Signature)

(Director Signature)