



## V.I.P Dance 5/13/22 6pm-8pm

Your child has been invited to attend the Akron Prep Middle School VIP Dance as a special guest.

**The following permission slip is required for ALL non-Akron Prep students:**

|                               |  |             |  |
|-------------------------------|--|-------------|--|
| Date                          |  | <i>Time</i> |  |
| Food Allergies:               |  |             |  |
| Child's first and last name:  |  |             |  |
| Parents, first and last name: |  |             |  |
| Phone Number:                 |  |             |  |
| Email Address:                |  |             |  |

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

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Parent/ Guardian Signature:

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