## NAU Cultural and Academic Research Experience (CARE)

# Permission Form

|  |  |
| --- | --- |
| Your child’s lab will be attending a field trip to: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Location |  |
| Cost |  |
| Transportation |  |
| Notes |  |

|  |  |
| --- | --- |
| Please return this permission slip to Dr. Naomi Lee or a CARE staff: |  |
| **Unless otherwise approved, the cost for the trip is lab PI’s and/or student’s responsibility** |
|  |
| I give permission for my child |  | in lab |  |  |
| to attend the trip to  |  | on |  |  |
| from |  | to |  |  |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: |
| Name |  | Phone |  |  |
| Parent/Guardian Signature |  | Date |  |  |
|  |