## 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 |  |  |
|  | | | | | | | | | | | | | |