

PERMISSION FORM

On [DATE], the Puerto Rico Science, Technology and Research Trust will be holding a seminar titled [SEMINAR TITLE], which will begin at [TIME] at the Trust's Innovation Center and end at [TIME].

Parent/guardian signature	Date
I hereby give my permission for my child to attend.	
ANY ALLERGIES/DISABILITIES:	
CONTACT TELEPHONE NUMBER:	
EMERGENCY CONTACT NAME:	
NAME OF PARTICIPANT:	
In order to participate in this event, you must complete and return this for	orm.
[SEMINAR TITLE], which will begin at [TIME] at the Trust's Innovat	ion Center and end at [TIME].