



## Parent/Guardian Notice and Permission Form

I, \_\_\_\_\_, am the parent or legal guardian of

(Name of parent/guardian)

\_\_\_\_\_. In this capacity, I permit

(Name of student)

\_\_\_\_\_ to apply to participate in the 2023

(Name of student)

Appalachian Nursing Academy (ANA).

I understand that, COVID permitting, the Appalachian Nursing Academy will take place from 07/09/23 - 07/21/23 at the University of Pikeville in Pikeville, KY, with students' travel, food, and housing paid for by the program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date