

IAM- Amrita Integrated Meditation Techniquesm

Parent Permission Form

I am the parent/legal guardian of the child(ren) listed below. Each child is 16 years of age or older. I am aware of the IAM Training and hereby approve and give my permission for my child(ren) to take the IAM Training.

Name of Child	Age
1. _____	_____
2. _____	_____

Parent/Legal Guardian: _____
(Print)

Signature of Parent/Legal Guardian: _____

Dates and Place of Training: _____