

DURHAM



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CITY OF MEDICINE

CITY OF DURHAM

POLICE DEPARTMENT
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Forensic Services Division

Lab Tour Permission Form

I, _____, parent and/or guardian of _____, do
Printed name child's name

hereby give permission for my child to perform a tour of the Durham Police Department's Crime Laboratory as a part of an educational opportunity. I understand that my child may be exposed to images depicting actual crime scenes or training materials that could be sensitive in nature. These images may include scenes of trauma involving animals and humans, blood, tissue, wounds, traffic accidents, firearms, fire, chemicals and other material that may be sensitive to some viewers.

I understand that the Police Crime Laboratory has offered to allow any parent/guardian an opportunity to take the tour before or during my child's scheduled tour.

Tour Authorization:

Child's Name

Parent/Guardian Signature/Date

FSD Personnel Only

FSD Approval/Date

Parent Tour Date

Child Tour Completed Date

Tour Group name