

# Academic Workshop Parental Consent Form

## Student Information

Student Name

Date of Birth

Grade

## Parent/Guardian Information

Parent/Guardian Name

Relationship

Contact Number

Email Address

## Workshop Details

Workshop Title

Date(s)

Location

## Medical Information

Please list any allergies, medical conditions, or medications:

## Consent

I hereby give permission for my child to participate in the above-mentioned academic workshop. I acknowledge that I have informed the organizers of any relevant medical information. I understand that all reasonable precautions will be taken to ensure my child's safety during the workshop.

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Parent/Guardian Signature

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Date