

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.

Parent/Guardian Signature

Date