



Parent Consent Form- Oak Codefest 2019

Name of Child **Date of Birth**

Parent/ Guardian

Address:
..... **Postcode**

Mobile: **e-mail:**

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)?

.....

Please provide details of medication that must be administered:

.....

Emergency contact details: (If different from above)

Name: **Telephone no:**

Relationship to child:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of Oak Codefest 2019.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter staying overnight on Saturday, 19 January 2019 for the event that my ward is participating.
- d) In the event of my ward not staying overnight, I agree to be present in person, or send an authorized guardian to pick them up at the school entrance from 6:00 pm to 10:30 pm on Saturday, 19 January 2019.

Signed **(Parent/ Guardian) Date:**

Guardian Authorization (to be filled by parent)

I hereby authorize Mr./Ms./Mrs./ _____ to pick up my child
Master/Miss. _____, at _____ on Saturday, 19
January 2019.

Parent's signature _____

Parent's name _____

Date _____