

# Stonehill Hackathon 2019

## Consent Form

Name of the participant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### Emergency Contact Information -

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Does your child suffer from any medical conditions or allergies that we should be aware of?

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Please provide us with the details of the medication (if required) for your child:

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I \_\_\_\_\_(parent/guardian) of \_\_\_\_\_ agree to give my child permission to participate in the Stonehill Hackathon 2019. I completely understand that this is a 24 hour event and give my son/daughter full consent to stay over.

I authorize \_\_\_\_\_ to pick up my child \_\_\_\_\_

Participant's signature

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Parent/Guardian's signature

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