

HackSpace NT Parental Consent Form

Name of youth _____ Birth date _____

Name of parent(s) or guardian(s)

Address _____

Telephone Number _____

Other person and/or number to call in emergency

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No
If yes, please explain.

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- Asthma
- Hay Fever
- Kidney Disease
- Diabetes
- Heart Murmur
- Seizure Disorders

Please explain.

Does your youth have a physical handicap or illness that would prevent him or her from using stairs?

- Yes
- No

Do you give HackSpace permission to take photos of your child that can be used for promotional purposes, newspaper or social media?

- Yes
- No

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of HackSpace NT.

Signature of Parent or Guardian

Date: _____