

# STEM Club Regional Event Consent Form

## Participant Information

Student Name

Date of Birth

School Name

Grade

## Parent/Guardian Information

Parent/Guardian Name

Relationship

Phone

Email

## Medical Information

Allergies or Medical Conditions

Medications

## Emergency Contact

Name

Phone

# Consent

☐

I give permission for my child to participate in the STEM Club Regional Event.

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I consent to photos or videos of my child being taken for event promotion.

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In case of emergency, I authorize necessary medical treatment for my child.

Parent/Guardian Signature

Date