

Parental Consent Form for Attendance with an Alternative Adult Supervisor

Event Date : 3 December 2	2024, 10am	-2pm
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Location: ICC Sydney

Student Information

Event Organizer: UTS Startups

This consent form must be completed by the parent/guardian of any student attending the UTS Startups Summit 2024 under the supervision of an adult who is not their parent or legal guardian. This form includes consent for the designated supervisor to act on behalf of the student in case of an emergency.



Parent/Guardian Information
Parent/Guardian Full Name:
Phone Number:
Email Address:
Consent and Authorisation
1. General Consent
I, the undersigned, give permission for my child,
[Student Full Name], to attend the UTS Startups Summit 2024 under the supervision of [Supervisor Full Name]. I understand that
my child will be required to follow the event's Code of Conduct and that the designated
supervisor will act on my behalf during the event.
2. Medical Consent
In the case of a medical emergency where I cannot be reached, I authorise
[Supervisor Full Name] and/or UTS Startups
staff to seek emergency medical treatment for my child. I understand that every effort
will be made to contact me before any action is taken. I assume full responsibility for
any costs incurred for medical treatment.

Please list any relevant medical conditions, allergies, or medications:



Agreement and Signature

By signing below, I acknowledge that I have read and understood the UTS Startups Summit 2024 Code of Conduct and this consent form. I grant permission for my child to participate in the event under the designated supervision, and I agree to the terms stated above.

Parent/Guardian Signature:
Date:

If you have any questions regarding this form or the event, please contact UTS Startups at jane.oja@uts.edu.au.