

## Discover Coding

### Participant Information and Consent Form

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male ☐ Female ☐

Participant's Birth date: \_\_\_\_\_ (Month/Day/Year)

Medical Information or Other Information we need to know (ie. learning needs, food allergies, etc):

---

---

---

Alberta Health Care Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Dismissal Information – Who may pick up your child at the end of class?

---

As a parent/guardian of \_\_\_\_\_, I give consent for the purposes of information. Your contact information will be kept confidential and made available only to the staff of Discover Coding Zone. Also, I would like to release Discover Coding Zone from any legal liabilities in regards to any unpredictable happenings or injuries to my child during the duration of the Discover Coding Zone program.

Photo/Video Release

*Read the below two statements and select one by selecting consent given or refused.*

**To take pictures or video of me/my child during my/their participation in any program, and that these may be used for advertising, noticeboard, website, and any social media platform.**

☐ Consent given  
☐ Consent refused

**To take pictures or video of me/my child during my/their participation in any program, and that these may be used for training purposes**

☐ Consent given  
☐ Consent refused

**\*Note should you choose you can withdraw your consent in written notice at any time.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_ (Month) 20\_\_\_\_ (Year) at \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness