

**MICHIGAN STATE UNIVERSITY REMOTE/ONLINE YOUTH PROGRAM
PARENT/GUARDIAN CONSENT FORM**

Instructions: In light of the COVID-19 pandemic, this form can be submitted in one of the following ways to the following email address: technovation@cadl.org

1. Print, sign, scan, and return by email;
2. Email this form with an electronic signature;
3. Complete this form and email it with a typed message stating that you (parent/guardian) consent to the attached form; or
4. If you are unable to complete this form, email a blank copy with a typed message providing the information requested and stating that you (parent/guardian) consent to the attached form.

I grant permission for (print participant's name) _____ to participate in all educational and social activities of the following MSU program or activity:

Program name: Technovation

Program dates: October 17 - November 21

MSU unit/department: CSE and WIE Recruitment and k-12 Outreach

I understand that sessions may entail the use of various remote/ online platforms or software programs. I also understand that participants may engage in digital communication.

I have read the session descriptions and approve of my child's selections, and I accept the risks associated with my child's participation.

I understand that my child has a role to play in regard to his or her safety and security. I will speak with my child about the need to honor rules and to behave responsibly.

(Please print):

(Parent or legal guardian)

Signature: _____ Date: _____

(Please print):

(Parent or legal guardian)

Signature: _____ Date: _____