

Gozo Tech Whiz Summer School
Parental/ Legal Guardian Consent Form

Participant Information

- Child's Full Name: _____

- Child's ID Card Number: _____

-Date of Birth: _____

Parent/Legal Guardian Information

Insert the details for Parent/Legal Guardian A:

- Full Name (Surname, Name): _____

- ID card number: _____

- Contact Number: _____

- Email Address: _____

Insert the details for Parent/Legal Guardian B (if applicable):

Full Name (Surname, Name): _____

- ID card number: _____

- Contact Number: _____

- Email Address: _____

We/I the above Parents/Legal Guardians declare and confirm that we have full parental authority to sign this consent form on behalf of our child.

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26/05/2026

F-TEC-003
Rev.4

Summer School Details

- Program: Gozo Tech Whiz Summer School
- Dates: 14th July 2026 – 29th August 2026
- No Sessions During: 15th till 21st August 2026
- Duration: 6 weeks, with 2-hour sessions each week
- Location: Gozo College Agius De Soldanis Middle School, Triq Duminku Mintoff, Rabat, Għawdex

Parental/ Legal Guardian Consent

1. Authorization for Attendance

We, the undersigned, hereby give permission for our child named above to attend the Gozo Tech Whiz Summer School for the dates specified. We understand that the program will include 2-hour sessions each week over a period of 6 weeks, excluding the week starting 15th August 2026.

2. Understanding of Terms and Conditions

We have read and understood the terms and conditions related to the Gozo Tech Whiz Summer School, including those pertaining to program activities, expected behaviour, and disciplinary actions.

3. GDPR Compliance

We acknowledge that we have read and understood the GDPR notice related to the Gozo Tech Whiz Summer School. We consent to the collection, storage, and processing of our child's personal data in accordance with GDPR regulations. This data will be used solely for the administration and organization of the summer school activities.

4. Drop-off and Pick-up Authorization

We authorize the drop-off and pick-up of our child from the summer school premises. We understand that it is our sole responsibility to ensure our child is safely dropped off and picked up from Gozo College Agius De Soldanis Middle School, Triq Duminku Mintoff, Rabat, Għawdex. We also agree to notify the summer school staff if someone other than us will be responsible for picking up our child, providing the name and contact information of the authorized individual.

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5. Medical Consent

In the event of a medical emergency, we authorize the staff of the Gozo Tech Whiz Summer School to take those actions which are best deemed in the circumstances and obtain emergency medical treatment for our child. We understand that every effort will be made to contact us in case of such an emergency.

6. Liability Waiver

We understand that while every precaution will be taken to ensure the safety and welfare of your child, Gozo Tech Whiz Summer School and its staff cannot be held responsible for any unforeseen injuries, accidents, damage to property and/or wilful misconduct of third parties that may occur. We release and hold harmless the summer school, its employees, and agents from any liability arising from our child's participation in the program.

7. Use of Photographs and Videos

We consent to the use of photographs and videos of our child taken during the summer school activities for promotional purposes, including but not limited to the summer school's website, social media, and printed materials. If we do not consent, we will notify the summer school administration in writing.

Medical and Emergency Information

Provide two emergency contact numbers:

- Emergency Contact Name 1: _____

- Emergency Contact Number 1: _____

- Emergency Contact Name 2: _____

- Emergency Contact Number 2: _____

- Allergies/Medical Conditions: _____

- Medications (if any): _____

Use of Photographs and Videos

We consent to the use of photographs and videos of our child taken during the summer school activities for promotional purposes, including but not limited to the summer school's website, social media, and printed materials. If we do not consent, we will notify the summer school administration in writing.

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Please tick ✓ the box if you consent:

Information about similar initiatives by the MDIA

We consent to receive direct communication from the MDIA via email to the email address disclosed herein, including direct marketing and/or information about similar or other initiatives or services organised or supported by the MDIA which we may be interested in.

Please tick ✓ the box if you consent:

Parental/ Legal Guardian Declaration

We declare that the information provided in this form is accurate and complete. We understand and agree to the above conditions, and we consent to our child's participation in the Gozo Tech Whiz Summer School.

Signature of Parent/Guardian A

Date: _____

Signature of Parent/Guardian B

Date: _____

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For Office Use Only

- Received By: _____

- Date: _____

Please return this completed form to the Gozo Tech Whiz Summer School administration by 10th July 2026.

**This document is confidential and intended solely for the use of the Gozo Tech Whiz Summer School and the parents/guardians of the participating child. **

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END OF CONSENT FORM

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