

# TECH-UP NOLA PARENTAL CONSENT FORM

\_\_\_\_\_, consent and agree to \_\_\_\_\_ receiving technology issued by Tech-Up NOLA of  
.O. Box 55091, Metairie, Louisiana 77055: Tech-Up Nola - Technology offered via Tech-Up Nola.

\_\_\_\_\_ will assume any risk if \_\_\_\_\_ is injured as a result of the rechnology being received  
r purposes hereby consented to.

## CONTACT INFORMATION:

Parent(s) or Legal Guardian(s)

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

\_\_\_\_\_, \_\_\_\_\_

Phone: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

## MERGENCY CONTACT:

\_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

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

## RULES AND INSTRUCTIONS

educators and students, please ensure that the legal guardian of the student populates this parental consent form and return  
ie document signed and dated by the legal guardian. Signature of the parent will release technology to the student and the  
uardian will have full responsibility of the child?s use of the technology once the student receives the technology from  
ech-Up Nola.

By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_