



EMILIO AGUINALDO COLLEGE-CAVITE
SENIOR HIGH SCHOOL
Research Subject Area
PARENTAL CONSENT AND WAIVER FORM



I, Jay B. Herrera, grant permission for my son/daughter, Janelle Joy D. Herrera, to conduct a study inside/ outside Emilio Aguinaldo College – Cavite campus. This is due to the need for their subject “PRACTICAL RESEARCH 2”.

I, as parent and/or legal guardian, remain legally responsible for any personal actions taken by the student mentioned above.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Emilio Aguinaldo College, its officers, directors, and agents, employees, faculty, or representatives associated with the activity, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith.

I am 18 years of age or more and have read and understand the terms of this consent and waiver,, recognizing that is binding upon me.

Jay B. Herrera

Signature Of Parent/Guardian Over Printed Name
Date:

Home Address: Blk M 9 Lot 16

Barangay Emmanuel Bergado II,

City of Dasmariñas, Cavite

Contact No(s): 0991 599 9031



EMILIO AGUINALDO COLLEGE-CAVITE SENIOR HIGH SCHOOL



Research Subject Area PARENTAL CONSENT AND WAIVER FORM

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE
DRIVER'S LICENSE

Last Name, First Name, Middle Name
HERRERA, JAY BARZAGA

Nationality Sex Date of Birth Weight (kg) Height(m)
PHL M 1972/11/14 89 1.68

Address
**BLK M9 LOT 16 EMMANUEL BERGADO II
DASMARIÑAS CAVITE**

License No. Expiration Date Agency Code
D06-96-170132 2031/11/14 D23

Blood Type Eyes Color
O+ BROWN

DL Codes Conditions
A,A1,B,B1,B2 NONE

Signature of Licensee
J Herrera

EDGAR C. GALVANTE
Assistant Secretary

III. ORGAN DONATION:
I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:
NAME: MA. THERESA D. HERRERA
ADDRESS: B-M9 L16 BGY EMMANUEL 2 DASMA CAVITE
TEL. NO.: 09214084131

I. DL CODES
A MOTORCYCLE
A1 TRICYCLE
B UP TO 5000 KGS GVW/8 SEATS
B1 UP TO 5000 KGS GVW/9 OR MORE SEATS
B2 GOODS 3500 KGS GVW
C GOODS > 3500 KGS GVW
D BUS > 5000 KGS GVW/9 OR MORE SEATS
BE TRAILERS 3500 KGS
CE ARTICULATED C > 3500 KGS COMBINED GVW
L1,L2,L3-PL-MT
L4,L5,L6,L7-PL-MT
M1-PL-MT
M2-PL-MT
N1-PL-MT

II. CONDITIONS:
1. WEAR CORRECTIVE LENSES
2. DRIVE ONLY W/SPECIAL EQPT FOR UPPER/LOWER LIMBS
3. DRIVE CUSTOMIZED MOTOR VEHICLE ONLY
4. DAYLIGHT DRIVING ONLY
5. HEARING AID REQUIRED

Serial Number
185293602

DRIVER'S LICENSE-ITO-DRM