**LOCAL OFF – CAMPUS TRAVEL COMPLIANCE FORM**

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| **PERSONAL INFORMATION**  ***Instruction: This form must be filled out by the student. Ensure that all fields are completed. If a particular item does not apply to you, please indicate “N/A.”*** | | | | | | |
| Name of Student: | | ***LABORTE, JICEL RACHO*** | | | Age: | ***20 Y/O*** |
| Course and Block: | | ***BSED FILIPINO (3rd Year)*** | | | Date of Birth: | ***07/29/2005*** |
| Student Organization: | | ***KAMFIL*** | | | Position: | ***MEMBER*** |
| E-mail Address: | | ***jicellaborte05@gmail.com*** | | | Contact No.: | ***09858814537*** |
| Home Address: | | |  |  |  | | --- | --- | --- | | ***N/A*** | ***ZALDUA ST.*** | ***P-6 BARANGAY 1*** | | House No. | Street Name | Purok & Barangay | | ***DAET*** | ***CAMARINES NORTE*** | ***4600*** | | Municipality | Province | Zip Code | | | | | |
| Temporary Address (Boarding House, Apartment, Dormitory) | | |  |  |  | | --- | --- | --- | | ***N/A*** | ***N/A*** | ***N/A*** | | House No. | Street Name | Purok & Barangay | | ***N/A*** | ***N/A*** | ***N/A*** | | Municipality | Province | Zip Code | | | | | |
| Father’s/ Guardian’s Name | | ***JAIME R. LABORTE*** | | | Contact No. | ***09703225417*** |
| Mother’s Name | | ***CELESTE R. LABORTE*** | | | Contact No. | ***09703225417*** |
| **MEDICAL INFORMATION**  ***Instruction: Please do not put N/A in Blood Type. For the fields Allergies, Medication, and Name of Doctor, if not applicable, you may write "N/A."*** | | | | | | |
| Blood Type: | | ***AB*** | | | Height: | ***155 cm*** |
| Allergies (if any) | | ***N/A*** | | | Weight: | ***40kg*** |
| Medications (if any) | | ***N/A*** | | | | |
| Name of Family Doctor: | | ***N/A*** | | | | |
| **MEDICAL CERTIFICATE**  ***Note: All required information (Name and Signature of Physician, Blood Pressure, Date of Examination, and License Number and Validity Date) must be completely and accurately filled out, unless a separate medical certificate is provided, in which case these fields may be left blank.*** | | | | | | |
| This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit to participate in Local Off-Campus activities such as, but not limited to, workshops, trainings, conferences, seminars, competitions, cultural presentations, ceremonies and other student activities that aim to develop their leadership, organizational, artistic, athletic and/ or cognitive skills to be held within the Philippines from the month of **August to December 2025 of A.Y. 2025 – 2026**. | | | | | | |
| Blood Pressure: |  | |  | | | |
| Name and Signature of Physician | | | |
| Date of Examination: |  | | License Number | Validity Date | | |
| **CONSENT FORM**  ***Instruction: This form must be completed by the student's parent or legal guardian. Ensure that all required fields are properly filled out. The signature must accurately match the three signature specimens provided on the attached copy of valid ID.*** | | | | | | |
| I, CELESTE R. LABORTE **parent/ guardian** of JICEL R. LABORTE do hereby certify that I have full knowledge of and freely give my consent in the attendance and participation of my son/daughter/ward to workshops, trainings, conferences, seminars, competitions, cultural presentations, ceremonies and other student activities that aim to develop their leadership, organizational, artistic, athletic and/ or cognitive skills to be held within the Philippines from themonth of **August to December 2025 of A.Y. 2025 – 2026**.  I confirm to the best of my knowledge that my son/daughter/ ward does not suffer from any medical condition other than those listed above.  I also acknowledge that Camarines Norte State College shall, to the best of its abilities, ensure the safety and security of my son/daughter/ward but that any untoward incident which may occur out of the control of CNSC and not due to any fault or negligence of the latter may absolve CNSC, its officials, and representatives from any claims or damages. | | | | | | |
| CELESTE R. LABORTE | | | MOTHER |  | | |
| Signature over Printed Name  of Parent/ Guardian | | | Relationship to the Participant (Parent/Guardian) | Date and Address of Signing | | |

Notary Public