**PARENT/GUARDIAN/SPOUSE CONSENT AND WAIVER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**TO WHOM IT MAY CONCERN:**

This is to certify that I am allowing my son/daughter, **AJ L. Fernandez** to go on practicum (On-the-Job Training) for a total of five hundred (500) hours on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at **Municipal Agriculture Office** in partial fulfillment of the requirements for the degree of Bachelor of Science in Information System.

It is understood that he/she abides by the rules and regulations that may be imposed by the Supervisor/Staff-in-Charge for his/her welfare and safety.

I fully agree to waive any responsibility on the part of the College of Science and Technology - Bachelor of Science in Information System program of Guimaras State University and/or the representative/s, in case of untoward incident that may happen to my son/daughter during the duration of the practicum.

**Carmelita M. Copina**

Name of Parent/Guardian/Spouse Signature Date

|  |  |
| --- | --- |
| Student’s Name: | **Aemar G. Tiquio** |
| M | **Salvacion, Buenavista Guimaras** |
| Boarding House Address: | \_\_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s Contact Number/s: | **09816298457** |
| Parent/Guardian’s Contact Number/s: | **09074827198** |