



**NU LAGUNA  
STUDENT DEVELOPMENT  
AND ACTIVITIES OFFICE**

**Parent Approval**

Student' Name: Adrienne Ghabriel Xander Pagaran Yr. & Sec.: 2024-25 BSCS231A  
Destination: Canlubang Barangay Hall, 634X+433, Daffodil St., Calamba City, 4027 Laguna  
(Partner Community, address)  
Trip Date: Series of activities From April 7 – May 23, 2025 (Monday – Friday)

I, the undersigned parent/guardian of Adrienne Ghabriel Xander Pagaran do hereby authorize my son/daughter to participate in an off-campus activity. I am aware that the off-campus activity requires travel with-in and/or outside Calamba City and I have been informed of the details regarding the off- campus activity, including the destination/s, mode/s of transportation, name/s of adult chaperones, time and place of departure, and return. I understand that during this off-campus activity, my son/daughter will be under the direction and general supervision of the NSTP Instructor, Dr. Alatheia S. Jimenez, School of Arts and Sciences  
(college/dept.) and Team Leader and that my son/daughter is subject to discipline for his/her conduct during the activity.

**Medical Release**

In the event my son/daughter needs medical attention during the off-campus activity, I hereby give my permission to the College of Arts and Sciences (college/dept.) representatives for the trip to take my son/daughter to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment which a physician may determine necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and or my son/daughter's other parent(s) or legal guardian(s), will be responsible for all medical expenses incurred in treating my son/daughter and that College of Arts and Sciences (college/dept.) representatives for the off-campus activity are not responsible for such expenses. Any medical expenses incurred in treating my son/daughter could be reimbursed provided that the medical expenses could be covered under the Student Insurance Policy provided by the university.

In addition, I authorize the School of Arts and Sciences (college/dept.) representatives for the off-campus activity to dispense/give the prescription/non-prescription medication indicated on this form to my child as appropriate. I understand that I must complete this form and provide to school representatives any medication/s indicated that should be dispensed/given to my son/daughter during the off-campus activity.

**Medical condition/s, including allergies, that may affect the student during off-campus activity:**

n/a

**Medications/s:** List any medication that the student should take while on the off-campus activity, the instruction for administration, and the medical condition for which the medication is needed.

n/a



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**Release Form  
NSTP 2 COMMUNITY IMMERSION /  
Community Project Implementation**


Name of Parent/Guardian: Gloria U. Pagaran

Landline No.: \_\_\_\_\_ Mobile No.: 0921-741-1187

Name of Emergency Contact Person (aside from parent/guardian): N/a

Contact No. of Emergency Contact Person: N/a

Signature over Printed name of Parent/Guardian:

  
GLORIA UMALI PAGARAN

Date:

04/11/2025

This waiver is applicable only to  
all NSTP 1 & 2 Community  
Immersion/ Community Project  
Implementation related activities for  
this Academic Year 2024 – 2025,  
3<sup>rd</sup> term.