

PARENTAL CONSENT FORM

Guidelines:

This forms part of the application for a campus activity (online and offline).
The students shall be monitored by the Department concerned with the activity.

TO THE PARENT/GUARDIAN

Your child has signified his/her intention to join an online campus activity and would like to seek your consent. While Malayan Colleges Mindanao is driven to deliver academic excellence, it is also concerned with the overall welfare of the students. Students are encouraged to participate in official co-curricular and extra-curricular activities in order for them to develop their inter-personal and leadership skills and have a balanced student life experience.

PARENTAL CONSENT

Date: _____

To the Prefect of Discipline:

I, _____, Parent/Legal Guardian of _____, with
(student)

Student No. _____, give my consent for him/her to join **Virtual Marketplace 2020**
(Activity)

on **December 16 - 18 2020** from _____ to _____
(Date) (Time)

Furthermore, I understand that:

- This consent is required from the student or participant before he/she can join the online activity.
- My son/daughter's participation in the online activity is purely his/her own initiative and was not imposed by any instrumentality of Malayan Colleges Mindanao.

Contact number of Parent/Guardian

Signature over printed Name / Date

To the Prefect of Discipline:

I, _____, with student number _____, attest that my participation in the online activity is voluntary. Furthermore, since it is a school activity, I acknowledge the need for responsible behavior and obedience on my part.

Signature over printed Name / Date

Informed Consent

To Whom It May Concern:

I hereby give consent for my child (print name), _____ , to participate in the **Virtual Marketplace 2020**. I agree to abide by the COVID -19 rules and guidance set forth by the Local and National Government.

I am aware that Parent/Guardian and Student may be exposed to COVID19 while participating or attending school activities, meetings, practices and/or competitions. I understand that this exposure carries a risk of infection, serious injury, or death.

In addition, I assume any expenses for liability not covered by the insurance policy for any COVID-19 symptoms while participating in the **Virtual Marketplace**. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the Malayan Colleges Mindanao, of responsibility for any such injury or illness and waive any and all claims which may-arise against them.

My signature below indicates that I give permission for my child to participate.

Parent/Legal Guardian _____

Signature _____

Best Contact Number _____

Date _____