



UNIVERSITY OF SANTO TOMAS
España, Manila
College of Information and Computing Sciences

Dear Parents/Guardians:

Your son/daughter/ward has hereby voluntarily expressed his/her intention of participating in the

Educational Fieldtrip
April 29 – May 3, 2024 at Cebu-Bohol, Philippines

The activity is a part of the course requirements of all BS Information Technology/ BS Information Systems 4th year students for the course Fieldtrip and Seminars at the University of Santo Tomas.

Should you allow your son/daughter/ward to join the aforementioned activity. Kindly fill out the attached "Statement of Parental Consent" and return the same to the Academic Units as soon as possible.

Sincerely yours,

Asst. Prof. Christopher Ladao, MSCS
Dean, College of Information and Computing Sciences

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STUDENT UNDERTAKING AND STATEMENT OF PARENTAL CONSENT

Activity Title: IT/IS Educational Fieldtrip			
Where: Cebu-Bohol		When: April 29 ~ May 3, 2024	
Nature of the Activity: Fieldtrip			
College / Org. (organizer) : IT/IS Department/CICS			
Person/Office-In-Charge: Assoc. Prof. Eugenia R. Zhuo Asst. Prof. Mike Victorio Ms. Alma Perol Mr. Edmundo Tucay			
Contact Number: +63-23406-1611	406-1611 Local 8575/8576		

STUDENT UNDERTAKING, WAIVER AND STATEMENT OF PARENTAL CONSENT

FIRST NAME	MIDDLE NAME	LAST NAME	STUDENT NO.
ADDRESS			
ORGANIZATION			
MOBILE NO.	LANDLINE NO.	E MAIL	
Name of person to be contacted in case of emergency:			
Contact nos.:			

- No “Signed Parental Consent,” no participation
- Thomasian participants are “Strictly prohibited to drink any alcoholic beverages during the activity.”
- Wearing of face masks and frequent sanitizing of hands;
- Presenting of vaccination cards and compliance with the StaySafe.PH app and/or ThoMedSS portal;
- Undergo a thermal screening and inspection; and
- Please see released memorandum/communications for other reminders

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2. Having volunteered attendance and participation in such an activity I take it as my responsibility to take the necessary precaution or care of avoiding or getting involved in any incident that would cause slight, serious or mortal injury upon my person or results in the loss or damage to my property and that of another person.

3. I also understand that I am not to engage in any behavior that could or may lead to any incident or could result in loss or damage to property, injury to myself or other person(s).

4. I understand that it is my responsibility to fully ascertain, if necessary with the help of a medical professional, my physical and mental fitness to join this activity.

5. **I understand that I must be sufficiently healthy** or free from any medical condition that may be exacerbated or aggravated by my participation in such an activity. Should I be suffering from any medical condition that may be aggravated or exacerbated by such an activity, I commit to immediately report such a condition in writing to the assigned faculty adviser and excuse myself from such an activity.

6. I have properly informed my parents or the person(s) exercising parental authority over my person concerning the nature of the activity which I am joining and likewise secured their advice on the measures which I am to undertake for my personal safety and security. Furthermore, I have secured their consent for me to join such an activity as evidenced by the signature appearing herein.

7. I am fully convinced that the University and the faculty adviser(s) and organizer(s) of this particular activity have exercised sufficient diligence and care in the preparation and implementation of this activity.

8. Considering the voluntary nature of the said activity. *I hereby hold the University of Santo Tomas and its representative(s), adviser(s) free and harmless from any liability which may arise out of this activity.*

9. I understand that the participant(s) will be traveling to and from the venue without an official chaperone.

Attention: For the **student, parent or person exercising parental authority over the student concerned**, affixing your signature herein shall **mean that you conform, agree** to the conditions stated above and consent to the participation of your son/daughter/ward in the said activity and, further hold the university free and harmless from any liability arising from the said activity.

SIGNATURE OF STUDENT	SIGNATURE OF PARENT/GUARDIAN
STUDENT’S NAME IN PRINT	PARENT/GUARDIAN’S NAME IN PRINT

