



Parental Consent Form

No.:_____

Name of Student Organization: _____

Name of Activity: _____

Nature of Activity: Co-Curricular ☐ Extra-Curricular ☐

Venue: _____ Inclusive Dates: _____

- ☐ I allow my son/daughter to attend the activity.
I trust that the organizers of this activity will take due diligence to ensure the safety of my son/daughter as a participant.
- ☐ I do not allow my son/daughter to attend the activity.

Name _____ of _____ Student: _____

Name _____ of _____ Parent/Guardian: _____

Phone/Cell phone number: _____

Address: _____

Signature: _____



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