

Parental Consent Form

No.:		

Name of Student O	rganization:				
Name of Activity:					
Nature of Activity:	Co-Curricular	Extra-Curricula	r 🔲		
Venue:	Inclusive Dates:				
I trust that the o	er as a participant.	will take due dilige	nce to ensure the safety of		
☐ I do not allow m	ny son/daughter to atten	d the activity.			
Name	(of	Student:		
Name	of		Parent/Guardian:		
	number:		·		
Address:					
Address:					

BulSU-OP-OSO-02F5 Revision: 1

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Parental Consent Form

Name of Student C	rganization:			
Name of Activity: _				
	Co-Curricular			
Venue:	Inclusive Dates:			
I trust that the	daughter to attend the ac organizers of this activity er as a participant.	•	ce to ensure the safety of	
☐ I do not allow n	ny son/daughter to attend	I the activity.		
Name	C	f	Student:	
Name	of		Parent/Guardian:	
Phone/Cell phone i	number:			
Address:		····		
Signature:				
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