



## 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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