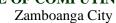


Republic of the Philippines Western Mindanao State University COLLEGE OF COMPUTING STUDIES





Relationship to the student

CS141 On-The-Job Training/Industry Immersion A.Y. 2024-2025 Summer

Signature Over Printed Name

Activity School Destination Trip Itinerary Information	: BSCS Industry Visit Educational Tour : Western Mindanao State University : Manila, Quezon, Taguig, Makati, Tagaytay, Subic and Baguio City : DJM Travel and Tours
Student Name:	Birthdate:
STUDENT HEALTH HISTOR	Y FOR FIELD TRIP PARTICIPATION
1.To the best of your knowled within the past 21 days?	lge, has your child/ward been exposed to a communicable disease Yes. No
2. Does your child have any o	f the following health problems? Please answer Yes or No . ries in the past two years ag illness es ditions or diseases
3. Does your child have any pollen, food, or others)?	drug or other allergies (insect bites or stings, penicillin, plant or Yes (please specify), No
4. What medication is your o	child is taking - physical and/or mental? (Please specify type of psage and frequency, name of prescribing physician:
participate in this activity? I FIELD TRIP RELEASE OF TREATMENT The above health history is c	Please specify Please specify OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL orrect so far as I know, and I consent and grant my permission for ge in all described activities. Except as noted by me, my child is
Educational Tour on June 08 and consent to any x-ray exrendered under the general or room staff. It is understood the treatment or hospital care be any care, which the medical is understood that an effort reatment to the patient, but undersigned cannot be reach officers, or employees for medical officers, or employees for medical in effective only for the event and the order that my son/daught of an injury or illness. I	at that he/she be permitted to attend the BSCS Industry Visit Industry June 15, 2025 and should the need to arise, do hereby authorize amination, aesthetic, medical or surgical diagnosis and treatment or special supervision of any member of medical staff or emergency that this authorization is given in advance of any specific diagnosis, sing required and is given to provide authority and power to render provider in exercise or his/her judgement may deem advisable. It is shall be made to contact the undersigned prior to rendering that any of the above treatments will not be withheld if the ed. I will not hold liable the Western Mindanao State University, its dical aid rendered and will reimburse the school for all medical and the case of my son/daughter/ward. This authorization remains it date listed above. **Ter/ward may receive the necessary medical treatment in the event hereby hold the Western Mindanao State University and its
representatives harmless in t	ne exercise of this authority.

Date