



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

Activity : BSCS Industry Visit Educational Tour
School : Western Mindanao State University
Destination : Manila, Quezon, Taguig, Makati, Tagaytay,
Subic and Baguio City
Trip Itinerary Information : DJM Travel and Tours

Student Name: _____ **Birthdate:** _____

STUDENT HEALTH HISTORY FOR FIELD TRIP PARTICIPATION

1. To the best of your knowledge, has your child/ward been exposed to a communicable disease within the past 21 days? _____ Yes, _____ No
2. Does your child have any of the following health problems? Please answer **Yes** or **No**.
 - a. Operations or injuries in the past two years _____
 - b. Chronic or recurring illness _____
 - c. Recent broken bones _____
 - d. Asthma _____
 - e. Heart Disease _____
 - f. Seizures (Epilepsy) _____
 - g. Other physical conditions or diseases _____
 - h. Mental condition _____
3. Does your child have any drug or other allergies (insect bites or stings, penicillin, plant or pollen, food, or others)? _____ Yes (please specify _____), _____ No
4. What medication is your child is taking - physical and/or mental? (Please specify type of medication, reason, dosage and frequency, name of prescribing physician:

5. Do you have any other concern regarding your child's physical or mental ability to properly participate in this activity? Please specify _____.

FIELD TRIP RELEASE OF LIABILITY AND CONSENT TO EMERGENCY MEDICAL TREATMENT

The above health history is correct so far as I know, and I consent and grant my permission for son/daughter/ward to engage in all described activities. Except as noted by me, my child is physically fit to participate.

I/We the undersigned parent(s) or legal guardian of _____, of legal age, do hereby consent that he/she be permitted to attend the BSCS Industry Visit Educational Tour on June 08 – June 15, 2025 and should the need to arise, do hereby authorize and consent to any x-ray examination, aesthetic, medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of medical staff or emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power to render any care, which the medical provider in exercise of his/her judgement may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Western Mindanao State University, its officers, or employees for medical aid rendered and will reimburse the school for all medical and other expense incurred in the case of my son/daughter/ward. This authorization remains effective only for the event and date listed above.

In order that my son/daughter/ward may receive the necessary medical treatment in the event of an injury or illness. I hereby hold the Western Mindanao State University and its representatives harmless in the exercise of this authority.

Signature Over Printed Name

Date

Relationship to the student