

**Parent/Guardian Permission**

**Parent or Guardian's Name:** Ferna S. Fernandez

**Address:** #526 Casbah Sta. Rita Guiguinto Bulacan

**Parent/Guardian's Phone Number(s):** 09972632018

As a parent/guardian of \_\_\_\_\_ Jomarie S. Fernandez \_\_\_\_\_, I am aware that my son/daughter must complete a Senior Capstone Project.

For the project, my son/daughter has chosen to:

develop a **Medical Emergency Alert Button System**. This project is intended to provide a quick and reliable way to report medical emergencies, reduce response time, and improve safety through timely communication within the school or community.

I have read the *Menu of Options for College & Career Ready Demonstrations* manual and have reviewed it with my child. He/she has my permission to complete a Capstone Project on the topic listed above.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Permission**

**Parent or Guardian's Name:** Annabie Cabigao

**Address:** #314 purok 5 Daisy St. Sumapang Bata Malolos Bulacan

**Parent/Guardian's Phone Number(s):** 09541805007

As a parent/guardian of Jean Gabrielle S. Cabigao, I am aware that my son/daughter must complete a Senior Capstone Project.

For the project, my son/daughter has chosen to:

develop a **Medical Emergency Alert Button System**. This project is intended to provide a quick and reliable way to report medical emergencies, reduce response time, and improve safety through timely communication within the school or community.

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**Date** \_\_\_\_\_

**Parent/Guardian Permission**

**Parent or Guardian's Name:** Michelle Mioten Carisma

**Address:** 149 Main Street Purok 3, Pritil, Guiguinto, Bulacan

**Parent/Guardian's Phone Number(s):** 09777963444

As a parent/guardian of Nativity Rose C. Cunanan, I am aware that my son/daughter must complete a Senior Capstone Project.

For the project, my son/daughter has chosen to:

develop a **Medical Emergency Alert Button System**. This project is intended to provide a quick and reliable way to report medical emergencies, reduce response time, and improve safety through timely communication within the school or community.

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**Date** \_\_\_\_\_

**Parent/Guardian Permission**

**Parent or Guardian's Name:** Renato Quintano Villarante

**Address:** 3770 St Ignatius Rocka Phase 7 Tabang Plaridel Bulacan

**Parent/Guardian's Phone Number(s):** 09666300406

As a parent/guardian of Khing Rennier P. Villarante, I am aware that my son/daughter must complete a Senior Capstone Project.

For the project, my son/daughter has chosen to:

develop a **Medical Emergency Alert Button System**. This project is intended to provide a quick and reliable way to report medical emergencies, reduce response time, and improve safety through timely communication within the school or community.

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**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Permission**

**Parent or Guardian's Name:** Emelyn Versoza Dalisay

**Address:** 628 Old Cagayan Valley Rd Taal Pulilan Bulacan

**Parent/Guardian's Phone Number(s):** 09757655249

As a parent/guardian of Kalvin Luis Dalisay, I am aware that my son/daughter must complete a Senior Capstone Project.

For the project, my son/daughter has chosen to:

develop a **Medical Emergency Alert Button System**. This project is intended to provide a quick and reliable way to report medical emergencies, reduce response time, and improve safety through timely communication within the school or community.

I have read the *Menu of Options for College & Career Ready Demonstrations* manual and have reviewed it with my child. He/she has my permission to complete a Capstone Project on the topic listed above.

**Parent/Guardian Signature**

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**Date**

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