



Republic of the Philippines
PRESIDENT RAMON MAGSAYSAY STATE UNIVERSITY
Iba, Zamboales, Philippines
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PARENTAL CONSENT

This is to certify that I, _____ parent/guardian
of _____, a bonafide student of President Ramon
Magsaysay State University grant him/her permission to undergo internship/on-the-job training
at the _____ from _____ to
_____.

I understand and agree that this training is necessary and a requirement for the
completion of the _____.

I further agree and affirm that President Ramon Magsaysay State University and
_____ are in no way responsible nor shall they pay
compensation for any incident, harm, or injury that may be caused on her person during the
training and that my child will undergo said on-the-job training.

I also certify that s/he on her/his free will, certified to me her/his decision to undergo
on-the-job training as evidence by her/his signature affixed below together with my own
signature.

Student

Parent/Guardian

Notary Public

Page No.: _____
Doc. No.: _____
Book No.: _____
Series of: _____