**AMA COMPUTER UNIVERSITY, INC.**

Ara Vista Village,

Brgy. Biclatan, General Trias, Cavite

**PARENT/GUARDIAN ON THE JOB TRAINING (OJT) CONSENT FORM**

**Instruction:** Please complete the following, sign and return to:

***Mary Luvimin Arceño***

*OJT Coordinator*

**Name of student: Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel./Cel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_**

In case of emergency, please notify

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship with student: \_\_\_\_\_\_\_\_

As the Parent/ Guardian of the above-named student, I understand, agree, and confirm:

1. That I have read the information concerning the OJT/ Internship program and give my permission for my son/daughter to participate in the program, as partial fulfillment of the requirements for the degree in Information Technology.
2. That my son/daughter is medically fit to undertake the internship program. In case that my child, is suffering from any medical condition that requires treatment or attention (i.e. Allergies, Asthma, etc.), please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. That my son/daughter will provide his/her own transportation to and from the internship workplace site.
4. That I will waive and release any and all rights that I, my child, or any of our representative/s may have to make claim/s against AMA Computer University, Inc., its subsidiaries, affiliates; or their respective officers, employees, teachers or representatives arising from injury or damages, including attorney’s fees, that may directly/indirectly, result from my child’s participation in the internship / OJT program.
5. That I will indemnify and hold free AMA Computer University, Inc. or its respective officers, employees, teachers, or representatives, from all liabilities arising from any claim/s and/or damages caused by my child’s participation in the internship/OJT program of AMA Computer University, Inc.

I am signing this form fully aware of the contents of the abovementioned matters.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name/Signature**

**(Parent/Guardian of student) OJT Coordinator**