



PARENT APPROVAL / RELEASE FORM

Instruction:

1. This form should be accomplished and submitted at least 15 to 30 days before the event to allow time for preparation.
2. Provide attachment of Parent's ID for approval and verification.
3. Submit this accomplished form to the faculty-in-charge of the event for consolidation.

If you have any question or concern, you can contact Student Development and Activities Office (SDAO) thru this number (8355-1206 loc. 3244) or the faculty-In-charge at _____.

Student's Information

Student's Name Michael Melo	Year and Section 3 rd year INF225
Course BSIT-MWA	Contact Number 0961183380
Name of Event: INTRAMS 2025	
Destination One E-Com	Time and Date April 5 to May 31

Parent/Guardian Information

Custodian Parent / Guardian's Name Hilaria Melo	Date: March 30, 2025
Home Address B12 L7 Henna St Camella Sorrento Bacoor Cavite	Cellphone # 09162077906
Name of Emergency Contact (In case I cannot be reached) Jyra Melo	
Phone # (s) 09760793750	
Health Insurance Co: Student Insurance (NU MOA)	

I, the undersigned parent / guardian of **Michael Melo** do hereby authorize my daughter / son to participate in an off – campus activity. I am aware the off – campus activity requires travel with in and / or outside of Metro Manila and I have been informed of the details regarding the off - campus activity, including the destination(s), mode(s) of transportation, name(s) of adult chaperones, and time and place of departure and return. I understand that during this off – campus activity, my daughter / son will be under the direction and general supervision of the **SDAO and PE** (college / department) and adult chaperones selected by the school representatives , and that my daughter / son is subject to discipline for his / her conduct during the activity.

MEDICAL RELEASE

In the event my daughter / son needs medical attention during the off – campus activity, I hereby give my permission to the **SDAO and PE** (college / dept.) representatives for the trip to take my daughter / son to a physician, hospital, or other medical institution for treatment. I expressly authorize any and all medical treatment which a physician may determine necessary under the circumstances and understand that it may not be feasible to contact me prior to the provision of medical treatment to my child. I understand and agree that I, and or my daughter / son other parent(s) legal guardian(s), am responsible for all medical expenses incurred in treating my daughter / son unless it is related injury and that time **SDAO and PE** (college / dept.) representatives for off – campus activity are not responsible for such expenses.

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In addition, I authorize the **SDAO and PE** (college / dept.) representatives for the off – campus activity to administer / dispense the prescription and / or non – prescription medication indicated on this form to my child as appropriate , I understand that I must complete this form and provide to school representatives any medications indicated on this form to my daughter / son as appropriate , I understand that I must complete this form and provide to school representatives any medications . I want administered / dispensed to my daughter / son during the off – campus activity in order for such medications to be administered / dispensed.

Medical condition(s) (including allergies) that may affect student during Off – campus activity:

MEDICATIONS: List any medications that the student take while on the off – campus activity, the instruction for administrator of each medication, and the medical condition for which the medication is needed.

Medication	Instruction	Medical Condition



PRINTED NAME WITH
SIGNATURE
(PARENT/GUARDIAN)

