





PARENT’S PERMIT

Name of Organization: USC Computer and Information Sciences Council (CISCO)		
Title of Activity: DCISM Acquaintance Party 2025		
Inclusive Dates of Travel & Event: September 27, 2025	Time Start: 4:00 PM	End: 9:00 PM
Venue: Paradise Garden Events Pavilion, Canduman, Mandaue City, Cebu, Philippines		
Type of Activity		
<input type="checkbox"/> Conference/Workshop/Meeting	<input type="checkbox"/> Sports / Strenuous Activity	<input type="checkbox"/> Community Service <i>please specify</i> _____
<input type="checkbox"/> Retreat/Recollection/Religious	<input checked="" type="checkbox"/> Socials	<input type="checkbox"/> Rehearsals/Preparations
<input type="checkbox"/> Others _____		

I, the undersigned, hereby permit my child to participate in the above activity. I acknowledge that the University is dedicated to ensuring the safety and well-being of my child, but I understand that the University cannot be held responsible for all risks and circumstances. Therefore, I confirm that I have reminded my child to adhere to all school rules and regulations related to the activity. In the event that any harm or damage occurs to my child due to his non-compliance, negligence, imprudence, or lack of care, I absolve the school of any responsibility.

 Mary Grace M. Buhian _____ Parent/Guardian Signature Over Printed Name	I confirm that I have obtained the consent of my parent/guardian, which is evidenced by their signature.  Raynor M. Buhian September 20, 2025
Contact No. 09959722312	Date Signed 09/20/2025
Name of Student and Signature	
Date Signed	