**PARENTS’ CONSENT FOR INTERNSHIP**

The undersigned parent/s/guardian whose printed name/s and signature/s appear below hereby declare and state that:

1. I/we/am/are the parent/s/guardian of:

**NAME OF STUDENT**:

1. The student is a bona-fide MMSU student at the college/school of:

**NAME OF COLLEGE**: College of Computing and Information Sciences

1. I/We am/are aware that my/our son/daughter will undergo an internship training program:
   1. **Host Training Establishment/Institution (HTE/HTI)**: Schools Division Office of Laoag
   2. **Address**: P. Gomez Street, Laoag City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. **Duration of Training**: 162 hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I/we understand that the internship is part of the student’s academic program/course and as such, I/we hereby unequivocally give my/our permission and consent for my/our son/daughter to participate in the above-mentioned activity.
3. I/we am/are aware that the internship training program faculty in-charge will conduct periodical visitation and monitor the performance of my son/daughter, and that his/her superior/supervisor within the HTE/HTI will take all the necessary precautions to keep my son/daughter safe.
4. However, if despite all best efforts by virtue of this document, I/we hereby unconditionally waive all claims or causes of actions against the Mariano Marcos State University (MMSU), or any of its faculty, personnel or officials that may arise as a result of said activity such as accident, fortuitous event, acts of God, any other similar unforeseen event in whatever nature or form and any loss damage or injury resulting from the direct fault, or negligence or act of the student concerned. This waiver does not however cover intentional acts or negligence; loss, damage or injury that results therefrom shall be the liability of the person who intentionally caused the damage, loss or injury.
5. IMPORTANT:
6. If this document is signed by **only one parent**, please state below the reason why the other parent’s signature was not obtained. By affixing his/her signature the signing parent hereby takes full responsibility for this consent/waiver. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. If this document is signed by a **guardian**, please state below the nature of the guardianship relation and the legal basis thereof. The guardian or anyone who claims to act as such takes full responsibility for this consent/waiver. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



## PARENT/GUARDIAN PARENT/GUARDIAN

(SIGNATURE OVER PRINTED NAME) (SIGNATURE OVER PRINTED NAME)

Note: (to attach a true copy of a Parent’s/guardian’s identification Card)

## PERMANENT ADDRESS:

## CONTACT NUMBER:

# We verified all the information/data herein provided and they are true and correct to

# our own personal information and belief.

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

Faculty In-Charge Department Chair Dean

**Please do not alter or modify this document.**

**All information/date required must be provided correctly and accurately.**

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administering Officer

DOC. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

PAGE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

BOOK NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

SERIES OF \_\_\_\_\_\_\_\_\_\_\_\_\_