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| **PARENTAL CONSENT** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Parents / Guardian,**

Greetings!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The activity is on **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_** from **\_\_\_\_\_\_AM/PM to \_\_\_\_\_\_AM/PM** at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. In line with this, we would like to inform you that your child is one of the student volunteers who will participate in the cited activity.

Should you allow your child to join the abovementioned activity, kindly accomplish the reply slip below and return it to the Community Extension and Services (CES) Unit on or before the activity.

Rest assured that your child will be accompanied by the CES Coordinators or official personnel during the activity and their transit.

Thank you!

Prepared by: Approved by:

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

CES Coordinator Director, Community Extension Services Unit

**REPLY SLIP**

I am allowing my child to be part of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ organized by \_\_\_\_\_\_\_\_\_\_\_\_ that will be on \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_ from \_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_ AM/PM at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*I trust and recognize the utmost diligence observed by the organizers or authorized representatives in supervising the abovementioned activity to prevent any untoward incident that might happen. I hereby waive any claim against the school authorities or its representatives for any injury that may happen to my child while he/she takes part in any of these activities after the school representatives that exhausted all the necessary precautions. I am aware that in the event of any injury that happens to my child while he/she takes part in any of these activities, medical, and related expenses that may be incurred in the treatment of my child, over and above those covered by the applicable school accident insurance, will be done by me.*

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| **PARENT’S/GUARDIAN’S Signature over Printed Name:** |  | **STUDENT’S Signature over Printed Name:** |  |
| **Contact No.:** |  | **Contact No.:** |  |