

PARENT’S WAIVER AND CONSENT

AUTHORITY TO ATTEND ACADEMIC TRIPS AND OTHER NON-ACADEMIC ACTIVITIES

Individual forms should be completed by each student to meet legal requirements before a student can participate in any excursion, camp or unsupervised project.

Name of Student:

Course & Year:

(Last Name)

(First Name)

(M.I)

Department /Subject/Group:

Name of Organization:

Nature of Activities:

ACADEMIC TRIPS/NON-ACADEMIC ACTIVITY DETAILS

Place:

Inclusive Date:

Departure Time:

Return Date/Time:

Method of Transportation:

Chaperone(s):

I am allowing my son/daughter to attend the academic trip/excursion/camp/non-academic activity detailed above. The amount of P\_\_\_covers the expenses for\_\_ day(s) and \_\_ nights(s) excluding their pocket money. The package is inclusive of back and forth fare, meals, air-conditioned hotel accommodation, cable TV, air-conditioned bus, a tour guide, and an accident insurance during tour.

Furthermore, in the event of accident or illness, I hereby authorize the adviser, chaperone-in-charge of the academic trip/excursion/camp/non-academic activity, to consent where it is impractical to communicate with me, to allow receipt of such medical or surgical treatment as maybe deemed as necessary.

Very truly yours,

Parent/ Guardian

(Signature over Printed Name)

Subscribed and sworn in before me this \_\_\_\_\_, at Guihulngan City, Philippines Affiant personally appeared and exhibited his/her (ID) \_\_\_\_\_.

Doc. No. \_\_\_\_\_;

Page No. \_\_\_\_\_;

Book No. \_\_\_\_\_;

Series No. \_\_\_\_\_-\_\_\_\_\_;

Note: \* SIGNATURE OF THE UNIVERSITY PHYSICIAN IS REQUESTED FOR OUTSIDE THE PROVINCE TOUR.  
\* FOR ACADEMIC TRIPS OR EDUCATIONAL TOURS, DULY NOTARIZED WAIVER/ CONSENT IS REQUIRED UNDER CMO NO. 17, S.2012.p