



Republic of the Philippines
Mindanao State University- GSC
OFFICE OF STUDENT AFFAIRS AND SERVICES

**Parent Consent Form
(Form 1-B)**

Name of son/daughter: ZACH JACOB T. FELDAN Date of Birth: JUNE 19, 2002

Name of Parent/ Guardian: LORNA T. FELDAN

Address: PUROK 2, GLAMANG, POLOMOLOK, SOUTH COTABATO
Postcode: 9504

PhoneNo.: 09383702506 e-mail: _____

Does your son/daughter suffer from any medical conditions/allergies that the program should be aware of (including any current medication): NONE

Please provide details of medication that must be administered and attach the medical certificate: NONE

Emergency contact details: (If different from above)

Name: NOLI L. FELDAN Phone no.: 09164829253

Relationship to son/daughter: FATHER

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the program.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter travelling by any form of public transport, minibus or motor vehicle organized by the Organization to any event in which the program is participating.
- d) I understand that the program includes a photography and film component in which my child will be both photographed. I understand that these images will be part of their organization's event.

SIGNATURE OVER PRINTED NAME

APRIL 18, 2024
DATE