



POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN

Pag-asa Street, Malhacan, City of Meycauayan, Bulacan, 3020
(044) 320-5653 / pccmbulacan@gmail.com



OFFICE FOR STUDENT AFFAIRS

OSA Copy

PARENT'S CONSENT FORM For participation In-Campus Activities

ABOUT THE EVENT:

The [insert course/year/section/major] will soon hold [insert title of in-campus activity] on [insert date and number of hours] at [insert venue or place of event]. This event aims to [insert purpose of activity]. This is free, however students might need pocket money for emergency purposes.

I have read the event description and therefore give my consent to the attendance and participation of my son/daughter, _____ from [insert course/year/section/major] on [insert date and number of hours] which will be held at [insert venue or place of event].

I understand and agree that the organizers, Polytechnic College of the City of Meycauayan and the City Government of Meycauayan will do their best for the safe and smooth conduct of the said experiential learning, still in case of any unexpected happening, I will not hold the Polytechnic College of the City of Meycauayan and the City Government of Meycauayan responsible.

FULL NAME OF STUDENT

PARENT'S SIGNATURE OVER PRINTED NAME

Contact number: _____

Date signed: _____

Please submit this **PARENT'S CONSENT FORM** (hardcopy) to your personnel-in-charge to be forwarded to the OSA.



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FULL NAME OF STUDENT

PARENT'S SIGNATURE OVER PRINTED NAME

Contact number: _____

Date signed: _____

Received by: Personnel-In-Charge (PIC) : _____ Date received: _____

Received by: Office for Student Affairs : _____ Date received: _____