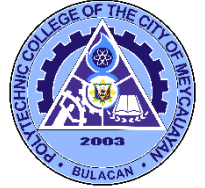




## POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN

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



### OFFICE FOR STUDENT AFFAIRS

### WAIVER, HEALTH DECLARATION, AND WITH PARENTAL CONSENT

Student No	_____
Name of Student	_____
Course/Year/Major/Section	_____
Address	_____
Age / Sex assigned at birth	_____ / _____
Contact Number	_____
Name of Parent/Guardian	_____
Contact Number of Parent/Guardian	_____
Activity	PCCM Flames Sports Club
Place	PCCM Students Plaza- P.E. Room
Purpose	General Assembly and Selection of Club Officers
Date/Time	March 31, 2023/ 9:00AM

In consideration of my participation in the activity, the undersigned acknowledge and agree to the following:

(Kindly tick the box with v)

- I acknowledge that my participation in the Off-Campus Activity is purely VOLUNTARY.
- I will enforce safety protocol that will not cause injury or illness.
- I will I am expected to act in a responsible manner. Acts committed that are opposed to the rules and regulations of the PCCM are subject to disciplinary sanctions.
- I will come to PCCM or event place in proper school uniform/attire with ID and face mask and in prescribed haircut and hair color.

Please check (v) if you have any of the following co-morbidities/Vulnerability (Meron ka ba nito?)

- Asthma (*Hika*)
- Diabetes (*Mataas sugar*)
- Heart disease (*May sakit sa puso*)
- Hypertension (*Mataas blood pressure*)
- Obesity (*Sobrang taba*)
- Pregnancy (*Pagbubuntis*)
- Others (please specify) \_\_\_\_\_

If you have any of the following co-morbidities/Vulnerability, do you take medication? \_\_\_YES/\_\_\_NO.

If yes, name of medicine \_\_\_\_\_


Upon signing this form, you are giving your consent to PCCM to process your personal and sensitive personal information. All information will be used to protect public health and safety during this pandemic. Rest assured that all information will be kept confidential.

I promise to inform my consultant of any symptoms, travel or significant exposure from the time of issuance of clearance to submission of this form, aware of possible disciplinary action of my failure to do so. I attest to the truth of all my above answers to this checklist.

The Polytechnic College of the City of Meycauayan (PCCM) and the City Government of Meycauayan will do its part to protect the interest and safety of its students. In this regard, PCCM and the City Government of Meycauayan are not responsible for any unavoidable accidents and circumstances that the students may be involved in.

By signing this form, I also signify that I have read, understood and comply with the above terms and conditions.

_____ Name and Signature of Student	_____ Date signed
_____ Name and Signature of Parent/Guardian	_____ Date signed

 **NOTE: Please send this accomplished form with scanned valid I.D. of your parent/guardian to [pccmosas@gmail](mailto:pccmosas@gmail.com)**  
**Failure to comply with this, your attendance/participation to the above-mentioned activity is unauthorized. Also, alteration and forgery of this waiver is a Major Offense (PCCM Student Manual Revised 2022 Edition)**