

PCCM ANNEX CAMPUS

Sitio Cabatuhan, Camalig, City of Meycauayan, Bulacan

OFFICE OF STUDENT AFFAIRS



WAIVER/PARENTAL CONSENT/HEALTH DECLARATION

I, _____, _____ officially enrolled student of PCCM, will participate in
[full name of student] [year and course]

Name of Activity: _____

Date and Time of Activity: _____

Location of Activity: _____

Person-in-Charge/Instructor: _____

I hereby acknowledge and agree to the following:

1. PARTICIPATION.

I acknowledge that my participation in the activity is **voluntary**. Since it is **curricular/co-curricular**, I will still participate because it provides me as student with the opportunity to develop character, acquire knowledge and practical skills, and engage in deep learning experiences that are not available in the traditional classroom setting.

2. RULES OF CONDUCT.

I am expected to exercise proper decorum throughout the said event. Any form of bullying, physical harassment, disrespectful behavior, gambling, smoking, vandalism, stealing, theft, and other misconduct will not be tolerated. (see PCCM Student Manual, Revised 2024 Edition, pp. 58-59).

3. HEALTH DECLARATION. (Please mark the box with √ that is applicable to you)

- ☐ I am in good health and do not have any medical conditions. (The organizer may require medical certificate.)
- ☐ I have experienced the following injuries in the past: _____ (if none, please state "none"): _____
- ☐ I have the following medical conditions that may affect my participation in sports (if none, please state "none"): _____
- ☐ I am currently taking the medications: _____ (if none, please state "none"): _____
- ☐ I have the following allergies: _____ (if none, please state "none"): _____

Declaration: I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may result in consequences related to my participation in the activity (see page 58, item 9- concealment of illnesses- Major Infraction, Student Manual Revised 2024).

4. INDEMNITY.

I, on behalf of myself, my personal representative (members of the family/guardian), and assigns, hereby undertake and agree to completely and absolutely release, and forever discharge the Polytechnic College of the City of Meycauayan (PCCM) and City Government of Meycauayan, including its officer, head, director, coordinator, professor, instructor, trustees, and/ or employees, from any and all claims, lawsuits, demands, costs, expenses, damages, death, or liabilities due to unavoidable circumstances and untoward incidents arising wholly, partially, directly, or indirectly from my participation in the Off-Campus Activity.

I hereby sign this Waiver, Parental Consent, and Health Declaration freely and voluntarily without any inducement and with full intention to be bound by its terms.

Signature over printed name of student

Date signed: _____

Student Number

Age

Gender

Person to contact in case of emergency: _____

Relationship to student: _____

Contact number: _____

Signature over printed name of parent/guardian

Date signed: _____

ID presented

ID number: _____

IMPORTANT: Please send this accomplished waiver-parental consent-health declaration form with attachments (photocopy of student ID and parent's/guardian's government ID) to pccmosas@gmail.com or to the Office of Student Affairs. **"Unauthorized use of a waiver is a major infraction."**