



## CO-CURRICULAR ACTIVITY PARENT CONSENT FORM

Document No: FM-SA-06-01

Effective Date: Jul 28, 2017

To whom it may concern,

I/ We \_\_\_\_\_  
*Full name(s) of parent(s)/guardian giving consent*

Address: \_\_\_\_\_  
*Complete address*

Contact Details: \_\_\_\_\_  
*Telephone/Mobile No. Email Address*

am/are the parent(s), legal guardian, access rights or parental authority to the child;

### STUDENT INFORMATION

Name: \_\_\_\_\_  
Program: \_\_\_\_\_  
Student Number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Passport No.: \_\_\_\_\_

### CONTACT INFORMATION DURING THE TRIP

I/ We give our consent to this child to travel to

Destination: \_\_\_\_\_  
Travel dates: \_\_\_\_\_  
Accommodation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No.: \_\_\_\_\_

With supervision of the Mapua Faculty/Adviser-in-charge

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Contact details: \_\_\_\_\_  
*Mobile No. & Email Address Mobile No. & Email Address*

I/We also hereby allow/authorize Mapua to use, collect and process the information for legitimate purposes specifically for the co-curricular activities of the child, and allow authorized personnel to process the information pursuant to the Data Privacy policies of the University.

### SIGNATURE OF PERSON(S) GIVING CONSENT

|                           |   |                      |
|---------------------------|---|----------------------|
| _____<br><i>Signature</i> | _____<br><i>Relationship to the child</i> | _____<br><i>Date</i> |
| _____<br><i>Signature</i> | _____<br><i>Relationship to the child</i> | _____<br><i>Date</i> |