

	PARENT'S/ GUARDIAN'S CONSENT	Document No.	WVSU-OSA-SOI-02-F02
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	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	June 30, 2023
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Address

Contact Number

Date

Name of Faculty In-Charge

Section/ Name of Student Organization

Sir/Madam:

The undersigned allows _____
(Name of Student)

to participate in _____
(Activity)

which shall be held at _____
(Place/Venue)

on _____ at _____.
(date) (time)

I have considered the benefits that my son/daughter/ward may derive from his/her participation and/or the experiences that he/she may gain from the activity, and that the school will not be liable for any untoward incident that may happen to the student beyond their control during the duration of the activity.

Signature over Printed Name of Parent/Guardian

Note: for Off- Campus Activities

REPUBLIC OF THE PHILIPPINES
(_____ S.S)

BEFORE ME, Notary Public for and in the city and Province of _____, this _____ at _____ personally appeared _____ with CTC No. _____ issued at _____ on _____.

Known to me to be the same person who executed the forgoing instrument and they acknowledge that the same in their free and voluntary act and deed.

WITNESS MY HAND AND SEAL

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____