



Student's Name: _____
Student Number: _____
Course : _____

Date: _____

CONSENT FORM FOR FIELD ACTIVITES
(for Undergraduate Student)

This is to allow my son/daughter, _____, to participate in the academic field activity in _____ (place) on _____ (inclusive dates) as part of the course requirements for _____ (subject) under the supervision of _____ (Faculty).

I understand that the College and Faculty Supervisor will make the necessary preparation for the activity and take precautions to ensure the safety of the students and faculty. I will not hold, however, the College or the University responsible for any unforeseen and untoward incident that might happen to my son/daughter in the course of this field activity.

CONFORME:

Printed Name and Signature of Parent/Guardian

Printed Name and Signature of Student

Relationship with the Student

Contact Number

NOTED:

Faculty/FI Instructor

Department Chairperson