



Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Number: \_\_\_\_\_

Course : \_\_\_\_\_

**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