



PARENTAL CONSENT (LOCAL AND
INTERNATIONAL PLANT VISITS)

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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 following 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

SIGNATURE OF PERSON(S) GIVING CONSENT

Signature

Relationship to the child

Date

Signature

Relationship to the child

Date