



EXTRA-CURRICULAR ACTIVITY PARENT CONSENT FORM

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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 child;

STUDENT INFORMATION

Name: _____
Program: _____
Student Number: _____
Date of birth: _____
Passport No.: _____

CONTACT INFORMATION DURING THE ACTIVITY

I/ We give our consent on the following

Venue: _____
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 extra-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

_____ <i>Signature</i>	_____ <i>Relationship to the child</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Relationship to the child</i>	_____ <i>Date</i>