MAPÚA UNIVERSITY	PARENTAL CONSENT (LOCAL AND INTERNATIONAL PLANT VISITS)	Document No. : FM-CS-26-01 Effective Date: July 28, 2017

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*