PHILIPPINE SCIENCE HIGH SCHOOL
Cordillera Administrative Region Campus
Purok 12, Irisan, Baguio City

2nd CORDILLERA JUNIOR ENVIRONMENTAL SCIENTISTS PROGRAM

TEACHER'S FORM B

(MEDICAL AUTHORIZATION)

APPLICANT'S NAME: (FIRST NAME, MIDDLE NAME, LAST NAME)

_____

SPECIAL MEDICAL CONDITION/S (IF ANY): _____

In case of illness or injury, the Cordillera Junior Environmental Scientists Program (CJESP) organizers have the permission to procure medical treatment for the above-named teacher-participant. I understand that the Cordillera Junior Environmental Scientists Program Organizers will provide a medical insurance limited to the provisions of the Philippine Red Cross.

_____ _____
Signature over Printed Name of Teacher-applicant Date

*Note: Please attach medical certificate issued at least one month before the program.