



Republic of the Philippines
DEPARTMENT OF EDUCATION

(Region)

(Division)

(School)

(School Address)

Date

P A R E N T A L C O N S E N T

I/We hereby willingly and voluntarily give consent the participation of my/our son/daughter _____ in the Division, Regional Meet and Palarong Pambansa.

I have considered the benefits that my son or daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety of my son/daughter and that DepED employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature of Father

Signature of Mother

Name of Father

Name of Mother

Signature of Guardian over Printed name

(Relationship with the Athlete)

Verified by :

Teacher-Adviser/School Head/Registrar

Remarks:

Note:

If No Parent/s, submit Affidavit of Guardianship duly verified by the coach and teacher.

If parents are abroad, Special Power of Attorney (SPA) is needed.

FOR PALARONG PAMBANSA ONLY