



University of the Philippines Los Baños UGNAYAN NG PAHINUNGOD

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Email: pahinungod@up.edu.ph

Date: _____

Parents'/Guardian's Consent

This is to certify that I am allowing my son/daughter, _____ to participate in **UPLB Pahinungod's Immersion Mission Program** this **July 21-27, 2019** at **General Nakar, Quezon**. I hereby acknowledge that certain risks of injuries/accidents are inherent to participate in learning activities outside the University. I understand that the rules and regulations imposed by the UPLB Ugnayan ng Pahinungod are designed for the safety and protection of the participants and hereby undertake to inform my child to abide by these rules and regulations during fielding.

Signature

Printed name of Parent/ Guardian

Contact number