



MEDICAL CLINIC CONSENT

In behalf of _____, of minor age and a student of the Philippine Science High School - Cordillera Administrative Region Campus, I, _____, of legal age, as parent / legal guardian hereby voluntarily give my consent to the Medical Clinic to administer first aid treatment, minor surgical procedures and perform immunization on my son / daughter as may be deemed necessary and / or advisable to his / her case.

I therefore hereunder set my hand on this ___ day of _____, 20__.

Signature Over Printed Name of Parent /
Legal Guardian