## PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: Central Mindanao Campus

## **MEDICAL/DENTAL CONSENT FORM**

	J	hereby give my consent to the Philippine Science High School- Central Mindanao Campus	Health
Services	Unit	t to administer the following (pls. check your preference)	
	П	First Aid medical treatment	
	Ш		
		First Aid dental treatment	
		In case of emergency: Referral to nearest medical facility	
		Participation on DOH Programs (such as deworming, vaccination)	
	to n	ny son/daughter/ward:	
		(name of student)	
<u> </u>		the base was an Adam between Assessed the Adam between the Black Committees the State of the Sta	
ı op	ot no	ot to have my son/daughter/ward treated at the Health Services Unit	
		 Signature of Parent / Guardian	
		Date:	

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