



Republic of the Philippines

DEPARTMENT OF SCIENCE AND TECHNOLOGY

PHILIPPINE SCIENCE HIGH SCHOOL – CENTRAL MINDANAO CAMPUS



Parent's/Guardian's Consent form

This is to certify that, I am giving full consent for my son/daughter, _____ to participate in the **NSTW Sci-Math Battle** (Quiz Bee) that will be held via Zoom on October 21, 2021 from 8:00 a.m. to 12:00 noon.

I am permitting him/her to participate in via Zoom and that he/she will turn on his/her camera, microphone and to allow the organizers to capture screenshots and record the session for documentation purposes;

I am allowing the organizers to broadcast the quiz bee Zoom session via the organizer's social media page;

I understand the rules and regulations of this competition and I acknowledge that any violations of these rules will result in disqualification; and

I acknowledge that the PSHS Central Mindanao Campus shall NOT be held responsible for any harm or injury that may occur to my son or daughter in the conduct of the competition.

Parent's / Guardian's Signature over printed name

Date