

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**

**Campus:** \_\_\_\_\_

**MEDICAL/DENTAL CONSENT FORM**

I hereby give my consent to the Philippine Science High School- \_\_\_\_\_ Health Services Unit to administer the following (pls. check your preference)

- First Aid medical treatment
- First Aid dental treatment
- In case of emergency: Referral to nearest medical facility
- Participation on DOH Programs (such as deworming, vaccination)

to my son/daughter/ward: \_\_\_\_\_  
(name of student)

I opt not to have my son/daughter/ward treated at the Health Services Unit

\_\_\_\_\_

Signature of Parent / Guardian

Date: \_\_\_\_\_