

CERTIFICATION

Date: _____

To: The Dormitory Manager
Balay _____

This is to certify that the undersigned is the Legal Guardian of Mr. /Ms.

_____, _____ UP Visayas, _____
(Name of Student) (Course & Year) (campus)

for the period of _____.
(Please specify the months and year)

Henceforth, I assume full responsibility especially in attending to cases of emergency that may arise during the period, such as hospital admission:

1. To accompany my ward _____ to the hospital.
2. To attend to the immediate needs of my ward _____ until such time his/her parents are around to assume their responsibility.
3. In case where immediate medical attention is required, I shall be reimbursed for the expenses incurred.

SIGNED:

CONFORME:

(Signature over Printed Name of Guardian)

(Signature over Printed Name of Parent)

(Complete Address of Guardian)

(Complete Address of Parent)

Contact Nos.

(Landline/Mobile Phone of Guardian)

(Landline/Mobile Phone of Parent)