

CERTIFICATION OF GUARDIANSHIP

Date: _____

To: The Dormitory Manager

(Name of Dormitory)

This is to certify that the undersigned is the Guardian of Mr. / Ms. _____
(Name of Student)

_____, UP Visayas _____ for the period of _____
(Course & Year) (Campus) (pls. 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 Number

(Landline/Mobile Phone of Guardian)

(Landline/Mobile Phone of Parent)

REPUBLIC OF THE PHILIPPINES)
City / Municipality of _____)S.S.

ACKNOWLEDGEMENT

The principal/s, _____, appeared in person before me this _____ day of _____, 20 ____ in the City/ Municipality of _____, Philippines, presented to me an integrally complete instrument denominated as the Guardian and presented to me that the signature/s thereon was/were voluntarily affixed by him/her/them for the purposes stated therein, and declared that he/she/they executed the same as his/her/their free and voluntary act and deed.

The identity/ies of the principal/s is/are known to me by his/her/their GIID/s, to wit:

WITNESS MY HAND AND SEAL:

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 20_____.

Notary Public

