

**STUDENT'S BIODATA**

FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

HOME ADDRESS

GENDER (MALE/FEMALE)

SCHOOL

GRADE LEVEL IN 2023/2024

**PARENTAL CONSENT**

FULL NAME

RELATION TO STUDENT

I, the undersigned, is the parent/legal guardian of the student whose name is stated in the biodata.

EMAIL

MOBILE PHONE/WHATSAPP NO

1. I hereby give consent to my child to participate in SPH Summer 2022 On-Campus Program.
2. I confirm that:
  - ▶ My child (6 years old and above) and my family have been vaccinated and are in a healthy state.
  - ▶ If my child is above 6 years old and unvaccinated, we will submit a medical exemption letter to SPH.
  - ▶ We have no close contact with COVID-19 positive person(s) within 7 days before the beginning date of the program to our knowledge.
3. I will submit my child's negative antigen test result, maximum 3 x 24 hour before the starting date of each program by email to [registration@sph.ac.id](mailto:registration@sph.ac.id).
4. I understand that, if the parent/caretaker needs to be in the children's pod or classroom area (only for K1 participants), I must submit a negative antigen test result 3 x 24 hour before the beginning date of the program by email to [registration@sph.ac.id](mailto:registration@sph.ac.id).
5. I hereby allow my child to receive first aid assistance/ treatment and agree to be responsible financially for the cost of such assistance and/or treatment in the case of injury and accident/medical emergency.
6. I accept the assumed risks, known or unknown (including the possibility of virus transmission during the camp), and accept all responsibility for the losses, cost and/or damages for any injury, disability or medical conditions due to my child's participation in SPH Summer 2022, and will not charge any party accountable if such incident happen.
7. I will follow every protocol, rule, and guideline stated by Sekolah Pelita Harapan, including having my child sent home if they show COVID-19 symptoms during the SPH Summer 2022, and to have them sent to and assessed by medical professionals should he/she develops COVID-19 symptoms.

- I have carefully read the statements above and fully understand its content.  
My signature below confirms my agreement to all the statements and policies of SPH Summer 2022.**

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE (MM/DD/YYYY)

PLEASE FILL, SIGN, AND EMAIL THIS FORM TO:  
[REGISTRATION@SPH.AC.ID](mailto:REGISTRATION@SPH.AC.ID). REGISTRATION FOR  
SPH SUMMER 2022 ON CAMPUS WILL ONLY BE  
VALID IF THE COMPLETED CONSENT FORM IS  
RECEIVED BY SPH SUMMER 2022 COMMITTEE  
BY 12 JUNE 2022 FOR PROGRAMS STARTING IN  
JUNE OR 30 JUNE FOR PROGRAMS STARTING IN  
JULY.