



Office of
Student L.I.F.E.
Leadership Involvement,
Formation & Empowerment

Medical Kit Request for HSO

Requestor's Name and Signature:		Requesting Organization/ Government Unit:		Date Submitted:
Designation	Contact No.:	E-Mail Address:		
Name of Activity Venue:			No. of Participants:	
Address:				
Brief Description of Activity:				
Departure Date	Departure Time	Arrival Date	Arrival Time	Activity Title
Pick-up Date:			Return Date:	

Noted by:	Approved by:
Mr. Patrick Daniel Lo OIC- Director Office of Student LIFE	Dr. Lily Ann Cabuling Director Health Services Office

Reminders:

- LEAD TIME SUBMISSION FOR THIS FORM/ PERMIT IS 2-3 DAYS.

- This form/ permit should be attached to the off-campus pre-activity requirement submission of the organization/ government unit to SLIFE.