

Virginia Institute of Marine Science

**Parental/Guardian Consent For Emergency
Medical Treatment**

I/We, the undersigned parent, parents, or legal guardian of _____

DOB _____ a minor employee of the Virginia Institute of Marine Science

hereby grant permission to provide any necessary emergency medical treatment required as the result of a work place related injury.

Please attempt to contact us/me upon admittance for emergency medical treatment.

Signed: _____ Date: _____
(Parent, parents or legal guardian)

Printed Name(s): _____

Address: _____

Day Phone Number(s): _____

This form must be notarized and returned prior to commencement of employment. A copy will be retained by William and Mary Human Resources, Virginia Institute of Marine Science Safety Office and Workmen's Compensation Administrator and will accompany your son/daughter to the appropriate emergency medical facility. These Copies will be kept on file for the duration of employment.

Notary Public:
(Please sign, date and affix seal)

