

William & Mary
Applied Research Center Core Labs

Parental/Guardian Consent For Emergency
Medical Treatment

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

DOB _____ a minor employee of William and Mary 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 Bernadette Kulas, Program Manager, William and Mary Applied
Research Center Core Labs. These Copies will be kept on file for the duration of
employment.

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