

College of William and Mary
Applied Research Center

Parental/Guardian Consent For Emergency
Medical Treatment

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

DOB _____ a minor employee of the College 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. These Copies will be kept on file for the duration of employment.

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