

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 volunteer 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 volunteering. A copy will be retained by the Virginia Institute of Marine Science Safety Office, Volunteer Coordinator and department where volunteer activity is taking place and will accompany your son/daughter to the appropriate emergency medical facility. These copies will be kept on file for the duration of employment.

Jurant (requires that an oath be administered – Do you swear and affirm that the statements and information contained in the document that you just signed are true and correct to the best of your knowledge?)

City/County of _____
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me (this date) _____,

By (signer's name) _____

Notary Public: _____

(Please sign, date and affix seal)

My commission expires: _____