My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employees name), or self if over 18, will be detasseling with Wibben Detasseling for the 2021 season. I authorize and grant permission for them to do so.

 Both my child and myself have received, read, and understand the rules, regulations and pay rates (printed on the “letter”). I know where find Wibben Detasseling’s Harassment Policy and HR contact information on the website under the Harassment Policy Heading. I understand that all of this information is available at [www.wibbendetasseling.com](http://www.wibbendetasseling.com).

I understand that there are hazards involved in field work, such as sun and heat exposure as well as insects or allergies. To help avoid problems associated with these, workers should stay hydrated and eat nutritious food, throughout the work day and when they are at home. Keep skin covered by long sleeves, and use sunscreen to protect from irritation. In the event of minor injury, workers may, be given over the counter medications such as Advil, Tylenol , or Benadryl, or Band-Aids. (Please indicate if there is an allergy).

In the unlikely event of a medical emergency, I grant permission for myself or child to receive medical attention. If immediate medical attention or treatment is required, I grant permission for myself or my child to be sent to a hospital or medical facility for treatment. (Parent would be contacted immediately).

**Emergency Contact Information**

Name

Relationship to employee

Address

Phone

Alternate Phone

**Secondary Contact**

Name

Relationship to employee

Address

Phone

Alternate Phone

**Parents/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**