

PARENTS' / GUARDIANS' CONSENT FORM FOR MEDICAL CARE

If you are currently 18 years or older, you do not need to complete this form. If you are currently under 18 years old, you must complete and return this form with the rest of your application packet.

REQUIRED:

I/We, the parent(s)/guardian(s) of _____, hereby give permission to Sandia National Laboratories to initiate and arrange for emergency medical or surgical treatment, including hospitalization if necessary, in the event my/our child becomes ill or is injured while at Sandia. I/We understand that every reasonable attempt will be made to contact me/us prior to taking this action.

_____ / _____	_____ / _____
(mother's / guardian's signature) date	(father's / guardian's signature) date
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

OPTIONAL:

I/We also give permission to Sandia National Laboratories to provide non-emergency medical treatment (i.e., colds, sinus infections, etc.), ~~if requested by my/our child. I/We understand that I/We will not be contacted prior to such non-emergency treatment.~~

_____ / _____	_____ / _____
(mother's / guardian's signature) date	(father's / guardian's signature) date