

16 & 17 YEAR OLD
PARENTAL CONSENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN OF _____
Name of Applicant

I, _____, grant permission for my dependent to be employed by MCCS and I have no objection if the work assigned includes the following hours, duties or encompasses the following areas:

Note: Please initial each line below

_____ May be employed for unlimited hours per day, but limited to 40 hours per week or as directed by their immediate supervisor.

_____ Will **NOT** operate, clean, set up, adjust, repair or oil power driven machines including food slicers, grinders, processors, or mixers.

Signature of Parent/Guardian

Date

Parent/Guardian or Emergency Contact Info

Work/Cell Phone: _____