



International Wildlife Rehabilitation Council • IWRC
PO Box 8187 • San Jose, CA 95155
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Skills Seminar Permission Slip

I give permission for my child, _____, age _____
to attend IWRC's Basic Skills Seminar on _____.

I understand that as part of this class, my child may be required to perform clinical procedures such as injections and physical exams on animal cadavers. I am aware there are certain risks involved when working with cadavers, including but not limited to zoonotic diseases and allergy. In case of emergency, I give permission for my child to receive medical treatment.

IMPORTANT NOTICE FOR CLASS PARTICIPANTS UNDER 17

For class participants under the age 17, IWRC recommends a parent or legal guardian attend the class along with their child (at no additional cost). Minimally, IWRC requires a parent or legal guardian to accompany their child, if under 17, to the lab portion of the class.

Please sign to indicate your agreement with the above:

X _____ Date: _____
Parent or legal guardian

Parent or Legal Guardian Name: _____

Home Phone: _____ Work Phone: _____

If class participant is under 17, name of parent or legal guardian who will accompany participant to the lab portion of the class: _____

Alternate Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____

Physician: _____ Phone: _____