

## Pinco Detasseling – Parent consent form

Detasseler's Name: \_\_\_\_\_

Date of Birth: (mm/dd/yy) \_\_\_\_\_

**Employees under the age of 18 must have written parent consent prior to working with 611298 Ontario Ltd. o/a Pinco Farms.**

I certify that my son/daughter is permitted to work for 611298 Ontario Ltd. o/a Pinco Farms. I certify that my son/daughter's name and birthdate is as listed above.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
Date

Working outdoors has the potential for contact with bees and other insects and the possibility of stings/bites exist. A very small % of people may react adversely to insect or bee stings/bites. The most common reactions are redness, itching, pain, irritation and swelling. These are usually temporary in nature.

A very small percentage of people may be "allergic" to insect or bee stings/bites and may experience a strong reaction. Stronger reactions are remote but parents may want to contact their family physician if they want to discuss medications that can be prescribed to counteract these reactions.

I have read and understand this information.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
Date