



Dear Field Labor Worker/Participating Contractor employee (or parent/guardian of minor employee):

At Corteva Agriscience™, we believe there is no amount of product, dollar of profit, or task to be completed that is worth an injury to any person or the environment. Our commitment is to facilitate a safe work environment for all workers and to end each growing season with zero injuries. As much as we try to prevent field injuries from occurring, we must be prepared to handle incidents if they arise. Prompt reporting of work-related injuries is very important to our goal of providing a safe work environment.

In the unlikely event that you or your minor worker is injured at work, you or your minor are required to report that injury to the 1099 contractor prior to the end of the shift. If the nature of that injury **does not require immediate medical attention** but worsens at home, please contact the Contractor prior to seeking medical attention for that injury. In a **non-emergency** situation, the Contractor representative will assist you in locating a medical provider and providing overall management of the injury/illness.

In the unlikely event of a medical emergency, I hereby authorize and grant permission to the Participating Contractor and/or Corteva for the minor worker identified below to receive medical attention. If immediate medical attention, observation, and/or treatment are required, I hereby authorize and direct that the minor worker be sent to a hospital or medical facility for medical care. In the event of a minor injury or illness, I hereby authorize licensed medical personnel to dispense appropriate over-the-counter medications as a first aid treatment measure.

Please identify any allergy to over-the-counter medications for you/the minor worker:

\_\_\_\_\_

**Worker Name:** \_\_\_\_\_

**Worker Signature (if over 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Minor Workers (to be completed by Parent/Guardian):**

**I hereby affirm I am the parent or legal guardian of the above Worker and this is my written consent to the Participating Contractor and/or Corteva to provide medical attention as set forth above.**

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian's Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_