

*Please bring this form with you when your child comes for his/her exam appointment.*

I understand and agree that it is my responsibility to accompany my child to and from the test center event location, and to be available throughout the testing period in the event that my child finishes early or needs to be escorted out of the testing room for a break. I understand that if I am unable to accompany and stay with my child throughout the test event that I must designate (below) an individual who is authorized and approved by me to accompany and stay with my child throughout the test event. I promise to accompany my child to the test center event, wait for him/her until testing is completed, and will be available to depart with my child when the test is completed. In the alternative, I designate the individual named below to accompany my child on my behalf.

I understand that Prometric personnel **cannot** and **will not** assume responsibility for exam candidates who are minors that arrive at the testing event or leave the testing event without a guardian or designated caretaker. I understand and agree that Prometric and its employees and representatives will not be liable for any damages, losses or claims arising due to my or my designated caretaker's failure to adhere to the requirements for testing outlined herein. **I also understand that if I, or the designated caretaker, leave the minor child unaccompanied during the exam for anything other than a 5-10 minute break the child's exam results may be invalidated and the child will have to reschedule and retake the exam at their sole cost and expense.**

I acknowledge and verify by signing below that I have read, understand, and agree to adhere to the requirements outlined herein for my child to test with Prometric.

**Acknowledged by** \_\_\_\_\_  
**(Signature):**

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

**Child's name:** \_\_\_\_\_

**Date:**

I will not be available to accompany my child to and from the test event, or to remain at the test event, for the duration of the test; therefore, I designate and authorize the following individual to do so in my absence. By signing below he/she verifies he/she has read and understands this Release and agrees to stand in on my behalf for the duration of the testing event. **(Note: Authorized person will be required to present a photo ID, such as a driver's license.)**

Authorized Person: \_\_\_\_\_  
 (print name)

Signature of \_\_\_\_\_  
 Authorized Person: (sign)