TO BE COMPLETED BY THE SCHOOL/STUDENT

# PARENTAL/STUDENT AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR INTERNSHIP PROGRAM

**Student's Name:** _____ **Date of Birth:** _____

**Student's School:** _____ **Student ID#:**_____

**Internship Teacher of Record:** _____

**Business Partner Company:** _____

**Name of Business Mentor:** _____ **Title:** _____

**Address of Internship:** _____

**City:** _____ **Zip:** _____ **Phone:** _____

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TO BE COMPLETED BY PARENT/GUARDIAN

**Student's Home Address:** _____

**City:** _____**Zip:**_____ **Phone:** _____ ☐ **H** ☐ **W** ☐ **C**

**Parent/Guardian Name**: _____ **Phone:**_____ ☐ **H** ☐ **W** ☐ **C**

**Parent/Guardian Name**: _____ **Phone:**_____ ☐ **H** ☐ **W** ☐ **C**

**Family Physician:** _____**Phone No:**_____

**Medical conditions, medication information or allergies district should be made aware of:**

_____

_____

**In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:**

**Name:** _____ **Phone No:**_____

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As a parent or guardian of a student requesting to voluntarily participate in an internship experience and the student**,** we hereby acknowledge that we have read, understood and agreed to the following:

**Supervision:**
Parent and student understand and agree that School District will not provide direct supervision of student during the internship. We understand that the School District has no control over the operations or premises of the Business Education Partner.

**Transportation**:

Parent and student understand and agree that transportation will be provided by _____.

We understand and agree that the School Board will not accept liability for any conduct or actions of the participating students that result in claims, actions, damages or demands.

We acknowledge that this internship may entail known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or damage to third parties. We understand that such risks cannot be eliminated without jeopardizing the essential qualities of the internship.

We certify that the student has no medical or physical conditions which could interfere with his/her safety in this internship.

We authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above-named student. We understand every effort will be made to contact the parent/guardian to explain the nature of the problem prior to any involved treatment.

We am fully aware of the dangers and risks inherent in participating in this internship, including physical injury, or other consequences arising from the internship. Being fully informed as to these risks, we hereby consent to my student participating in the above-referenced internship.

**Print Name:**_____
**Parent/Guardian**

**Signature:** _____
**Parent/Guardian** **Date**

**Signature:** _____
**Student** **Date**