

## WORKPLACE INTERNSHIP PARENTAL PERMISSION SLIP (RESOURCE 02-01)

I, \_\_\_\_\_, agree to allow my child,  
Parent/Legal Custodian

\_\_\_\_\_, to participate in the following activity.

Student's Name:

Activity	Workplace Internship
Date(s) and duration of internship:	
Workplace location (address, phone number):	
<i>Families are responsible for providing their student with reliable transportation to and from the workplace location.</i>	

By signing this form the parent / legal custodian acknowledges that neither the school / school board

\_\_\_\_\_  
School / School Board Name:

nor any of its officers, agents, or employees nor any sponsor of this activity will be held liable for any accident, injury, illness that might occur to the student while at the workplace. Signing this form releases the school / school board, its employees, and its agents from any and all liability of every kind, nature, or description.

The undersigned parent or legal custodian is solely responsible for providing medical insurance coverage for the student. The cost of any care resulting from emergency care in the event of injury or sudden illness is the responsibility of the parent or legal custodian.

\_\_\_\_\_  
Parent/ Legal Custodian Signature

\_\_\_\_\_  
Date

Emergency Contact (Name, Relationship to Student)	Phone Number