

Parent/Guardian Consent Form for Student Participation in Internship Program

replace with
LOGO

Internship Program

[Coordinator's Name]

[School Name]

[Street Address]

[City, ST ZIP Code]

Phone: [phone] | **Fax:** [Fax]

[Email] | [Website]

Student's Name: _____

Graduation Year: _____

Year of Internship: _____

Submission Requirements

Due Date to Submit this Completed & Signed Form to Internship Coordinator:

Internship Coordinator's Name:

Room Number:

Permission to Participate

This form gives permission for your son/daughter to participate in the Internship Program and acknowledges that each student is responsible for his/her transportation to and from the Internship Site.

Permission to Travel

As the parent/legal guardian of the above named student, I hereby consent that he/she may drive a private vehicle to and from the Internship Site. I acknowledge that he/she is licensed to drive under the laws of the State of Illinois and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal. I understand that automobile insurance is required.

Yes

No

I will transport my child to and from the Internship Site

Vehicle Information

Driver's License Number: _____

Expiration Date: _____

Vehicle Make/Model: _____

Year: _____

License Plate: _____

Insurance Company: _____

Policy Number: _____

Verification to Participate

Yes, I give permission for my child to participate in the Internship Program

No, I do not give permission for my child to participate in the Internship Program

Parent/Guardian Signature: _____

Date: _____