



TOOLS

Internship Parent Permission Form

I hereby give permission for _____ to attend the _____ internship activity

from ____/____/____ to ____/____/____ : ____ a.m./p.m. to ____ : ____ a.m./p.m.
(Dates) (Times)

I understand this internship activity is sponsored by _____
 at _____ High School.

Transportation will be (check one): Own car By private auto By rented vehicle

Other _____

I realize that neither the school nor the faculty members are to be responsible or liable for any accidents that may occur.

Signature of Parent/Guardian: _____
(Date)

Printed Name of Parent/Guardian: _____

Emergency Phone Number: () _____