

Participation in Internship Program Consent Form

Vail Unified School District

Student Name: _____ School: _____

Parent/Legal Guardian Name: _____

As the parent or legal guardian of the above-named student, I give permission for my child to participate in the school's Internship Program.

I realize that being at a workplace environment involves the potential for injury and have considered the health risks associated with them. I acknowledge that even with proper instruction, use of protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be severe and may result in total disability, paralysis, quadriplegia, or even death. I acknowledge that I have read and understand this warning.

I am aware that Vail Unified School District does not provide accident or health insurance coverage for my child and have independently determined whether I should obtain such insurance at my own cost.

I understand that my child's participation the Internship Program is conditional on maintaining proper and respectful behavior towards their mentor and Internship Coordinator. The same code of conduct required of my child while he or she is in school applies, as well as any onsite specific behavior requests. If my child misbehaves, then he or she may lose the privilege to participate in the program.

I have read and understand the foregoing information and acknowledgments.

Parent/Legal Guardian Signature

Date

**It is the student's responsibility to return this form to the front office of their school site by end of day,
Wednesday, March 3rd.
Please retain a copy for your records.**