

STUDENT INTERNSHIP PERMISSION FORM

Student's Name _____ Student ID # _____

Site Supervisor _____ Email _____

Internship Site _____

Site Address _____

City _____ Zip _____ Site Phone Number (_____) _____

The above-named student has been selected to participate in the Executive Internship Program. The student will report to the above-named site during his/her regularly schedule Executive Internship class for a period of four weeks. The purpose of this parental authorization is to obtain permission for your child to participate in the Executive Internship Program.

I give my permission for the above-named student to participate in the Executive Internship Program. I have read the handbook and have completed all of the required documents/forms. I understand my child will leave campus for the time period required during the regularly scheduled internship class. A class schedule will be provided to me. I understand that the student shall be supervised by non-school related employees during this time. Parents should not give permission if they believe their child is not mature enough or capable of interacting with strangers and of excising good choices.

I understand that a separate field trip form will be provided for additional field trips that may coincide with the internship. This permission form pertains only to the Executive Internship Program.

Please read the form carefully, provide the required information and sign the form in the presence of a State of Florida Notary Public. By signing this form, you are giving authorization for your child to travel using the prescribed mode of transportation and for emergency medical treatment in the event you cannot be reached.

Transportation Permission

Please check all modes of transportation your child will be permitted to use.

_____ **Drive car (Proof of Student Driver License required)** _____ **Public Transportation**

_____ **Other (Please describe)**

Parent/Guardian _____ (Please print name)

Parent/Guardian Signature _____ Date ____/____/____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by (name of person acknowledging.) _____

(Seal) _____
Signature of Notary Public Print,
Type/Stamp Name of Notary

Personally known: _____
OR Produced Identification: _____
Type of Identification Produced: _____