



Pequea Valley High School

4033 E. Newport Road, PO Box 287, Kinzers, PA 17535

(717) 768-5510 FAX # (717) 768-5523

Guidance Counselors – Mr. Jason Davis & Mrs. Rebecca Scheuer

Internship Coordinator – Mr. Jared Erb (717) 314-4269

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INTERNSHIP PROGRAM PARENT PERMISSION, LIABILITY WAIVER & INSURANCE VERIFICATION FORM

To Parent / Guardian of: _____ (Please complete all blanks and sign in 3 places)

Part I

PERMISSION: I have read the information concerning the Pequea Valley Internship Program and give my permission for my son/daughter _____ to participate in this program. I understand that participation in this program requires working with staff who are not affiliated with the PVSD. I understand that my child must fulfill the Internship requirements to be eligible to earn credit.

X _____
Signature of Parent / Guardian _____ Date _____

Part II

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to staff of Pequea Valley School District to secure proper treatment for my child.

Parent Daytime Phone #: _____ Cell #: _____
Parent email: _____
Person (other than parent) to contact in case of emergency: _____ Phone #: _____

Part III

LIABILITY:

I hereby agree to, waive, and release any and all rights that I, my child, or our representatives may have to make a claim against the Internship Supervisors or its Affiliates, or Pequea Valley School District or their respective employees or representatives arising from any injury or damages, including attorney's fees, that may result from my child's participation in the Pequea Valley Internship and/or Work Study Program.

I further agree to indemnify and hold harmless Pequea Valley School District or their respective officers, employees or representatives from any claims, including attorney's fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the PVSD Internship and/or Work Study.

X _____
Signature of Parent / Guardian _____ Date _____

Part IV

INSURANCE: Pequea Valley School District does not provide accident insurance for learners or interns in the Internship / Work Study. In order for a learner to be eligible to participate in the program sponsored by PVSD, the intern's parent or guardian must confirm that the learner is covered by accident insurance to the parent's / guardian's satisfaction. Complete the information below confirming that your child has accident insurance and return to the internship coordinator.

Please Print All Information

Learner / Intern Name:

Learner / Intern Address:

Parent / Guardian(s) Name:

Parent / Guardian(s) Phone: Day

Night

Physician Name:

Phone #:

Physician's Address:

INSURANCE VERIFICATION: *Please check all that apply.*

_____ My child has STUDENT ACCIDENT INSURANCE through the school.

_____ My child is covered for injury by our Family Policy, which is:

Insurance Company Name: _____

Policy Holder's Name: _____ Insurance Policy Number: _____

I will notify the PVSD if insurance coverage for my child changes during the year.

X _____
Signature of Parent / Guardian

Date

LEARNER CONTACT

Please write your child's email address: _____