**Executive Internship**

**Parent Permission Form**

This form will grant my (son/daughter), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to participate in the Health Services Academy non-paid internship/job shadowing program as part of the academy course curriculum. The dates for job shadowing will be determined by business availability and will be decided upon by instructor and student.

My child will be reporting to the following business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will report to the following business contact person upon arrival: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the healthcare facility.

Student Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PARENT PORTION:

I realize that my child must abide by the student code of conduct on all shadowing experiences and will represent DHS in a positive manner. I also understand that the teacher/business in charge will exercise every precaution for the safety of students involved in this event, and I agree to assume full responsibility for any unforeseen accident which might occur during the travel or while participating in this shadowing experience. In addition, I understand that my child will be expected to provide their own transportation to and from this experience. I further assure that my son/daughter has been instructed to comply with the regulations of the school, teachers, sponsors, chaperones, and business partner who may be in charge of this activity.

Parent Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_