

**Norman Public Schools  
Internship Program Parent/Guardian Agreement**

We, the parent(s)/guardian(s) of \_\_\_\_\_ give our student permission to participate in the internship and work based learning program coordinated by Norman Public Schools. We understand that transportation to and from the internship/work site is our (parent/guardian & student) responsibility.

It is understood that all reasonable caution will be taken by those in charge to prevent injuries and illness and I agree not to hold any person, whether mentor or NPS staff in charge, or NPS responsible for any injuries or illness to my child. I hereby release the person or persons in charge and NPS from any and all possible liability arising out of any injuries sustained or illness incurred by my child.

I understand the arrangements of my student's internship and work based learning experiences may involve several locations in addition to his/her actual internship/work site. Therefore, I grant my permission for my child son/daughter to go to the other related sites whenever appropriate to participate in the internship and work based learning program.

I have read the description of this program, as well as the Student Agreement, and fully understand the objectives, obligations and requirements of the program.

<b>Emergency Contacts</b>		
First Contact:	Relationship:	Phone:
Second Contact:	Relationship:	Phone:

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclosure of Student Information**

Finally, I understand that information obtained from counselors in this application packet will be made available to those outside parties hosting our interns to be included for their review during the interview process.

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

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_