



Parent/Guardian Request for Student Permission to Work Off-Campus 2017-18

I, the undersigned, request that my [son/daughter]: _____ be permitted to participate in the following: _____
(Print student's name)

This is a permission slip/request form allowing your student to be off campus for work exclusively for the purposes of their Internship and Internship Research project. Any student found using this off-campus time for anything OTHER than Internship or Internship Research will have their off-campus privileges revoked for the remainder of the school year and may face more severe school consequences (suspension or expulsion).

Student Information

Complete Address: _____

Best phone number to reach parents: _____

Alternate #1 _____ Alternate #2 _____

Note: By signing this document, the student agrees to obey all High Tech High North county rules at all times while participating in activities off campus.

California law (ed Code 35330) provides that any person making a field trip or excursion waive all claim against the school district and the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion. Accordingly, I/we hereby waive all claims that I/we might have against the school, the school district, or the State of California, or their officers, agents, employees for injury, accident, illness, or death occurring during or by reason of the above-described activity.

In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above-mentioned student without cost to the district.

Disclosure of any medical condition that should be known to an emergency medical provider in the event of accident or injury:

_____ My son/daughter has no medical conditions:

My son/daughter has the following condition(s), including medications that should be brought to the attention of emergency medical personnel:

By signing this form, I understand that I am allowed to transport myself to and from the site where I will be working. I also understand that there will not be a teacher supervising the event, and I will have an internship mentor as a supervisor. I understand that I will not enroll in an elective if it conflicts with my internship duties.

SIGNATURES:

Student: (print name) _____ Date: _____

(Signature)

Parent/Guardian: (print name) _____ Date: _____

(Signature)