## Parental Consent Form

*Required for all minor interns 16/17 years old*

Your son/daughter has been accepted as a student intern at Travis County. An internship is a work-based learning experience in a field related to a student’s academic and career objectives. The internship is traditionally unpaid and is considered an extension of the student’s regular school program. Work-based activities with an assigned mentor at participating locations may include special projects and a variety of tasks related to different positions in a career field.

**Permission to Participate as a Student Intern**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** may participate in a student internship with Travis County.

**Medical Authorization and Insurance Information**

Should it be necessary for my son/daughter to have medical treatment while participating as a student intern, I hereby give the intern site personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

Health Insurance Company:

Name of Policyholder:

Name of Parent/Guardian/Other Contact:

Daytime Phone for Parent/Guardian/Other Contact:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**