

**PARENT AGREEMENT FOR STUDENT
“RIDE-A-LONG”
STUDENT INTERN**

Student Name: _____

Please Print

Parent/Guardian of Student Intern:

The internship experience may require transportation as part of the internship.

- I understand that my child must wear a seat belt at all times.
- I understand that the driver is a licensed and insured adult.
- I understand that travel with the employer is an integral part of this internship experience and will help to provide a complete experience.
- I understand that my child will never travel alone in a vehicle with the employer sponsor or another adult.

Please indicate by checking one of the following choices below:

- I give permission for my child to “Ride-A-Long” as specified above.
- I do not give permission for my child to “Ride-A-Long” with their employer during the internship experience.

Parent/Guardian

Date

Parent/Guardian (Please Print)

Day time phone #