SOUTH DAKOTA HIGH SCHOOL CTE YOUTH INTERNSHIP PROGRAM

Aberdeen Christian School

PARENTAL PERMISSION, MEDICAL RELEASE, AND TRANSPORTATION WAIVER

Student Name: _____ **Grade:** _____
Assigned Internship Site: _____

SECTION 1: PARENTAL PERMISSION & ACKNOWLEDGMENT

I, the undersigned parent or legal guardian of the student named above, hereby grant formal permission for my student to participate in the high school Youth Internship program. I understand that this course requires off-campus learning and hands-on workplace training at a vetted business partner location.

I understand that while on-site, my student is expected to adhere to all workplace regulations, safety standards, and school district behavioral codes. I acknowledge that the district cannot guarantee absolute supervision at the off-campus workplace site, as everyday oversight is provided by the assigned industry mentor.

SECTION 2: TRANSPORTATION WAIVER & RELEASE

The school district does **not** provide daily transportation to or from individual internship work sites. It is the sole responsibility of the student and their parent/guardian to secure safe, reliable transit.

Please initial the applicable statement below regarding transportation:

- [_____] **Student Driving:** I authorize my student to drive a personal vehicle to and from their assigned internship workplace. I certify that my student possesses a valid South Dakota driver's license and that the vehicle is fully covered by state-mandated automobile liability insurance.
- [_____] **Parent/Alternative Driving:** I will arrange for myself or a designated licensed adult driver to transport my student to and from their internship site.

Assumption of Risk: By signing below, I expressly exempt and release the School District, its board, employees, and volunteers from any and all liability, claims, or demands for personal injury, property damage, or wrongful death arising out of or related to my student's travel to, from, or during the internship experience.

SECTION 3: EMERGENCY MEDICAL AUTHORIZATION

In the event of a workplace illness or injury, I authorize the school coordinator or worksite mentor to secure emergency medical treatment for my student if I cannot be immediately reached. I accept full financial responsibility for any medical expenses incurred.

- **Emergency Contact Name:** _____
- **Relationship to Student:** _____
- **Phone Number:** (_____) _____ - _____ Alternative Phone: (_____) _____ - _____

SECTION 4: FORMAL AUTHORIZATION SIGNATURE

By signing below, I certify that I have read, understood, and accept all terms within this agreement.

Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____ Date: _____