



PARENT’S/GUARDIAN’S CONSENT FORM FOR INTERNSHIP TRAINING

\_\_\_\_\_  
Date

TO ALL CONCERNED:

I, \_\_\_\_\_ grant permission for my child/ward \_\_\_\_\_  
\_\_\_\_\_, a \_\_\_\_\_ student of \_\_\_\_\_ of the  
\_\_\_\_\_ of this University, to undergo internship training in any  
educational institution/industrial firm or establishment in order to acquire work experience  
related to the academic training.

Further, as the Parent/Legal guardian, I also recognize that there may be risks attribute to the  
internship training which can only be avoided through my son’s/daughter’s/ward’s extra diligence and due  
care, which I fully explained to my son/daughter/ward.

By signing this document, it is understood that my child/ward:

- a) Has been properly oriented with all the rules and regulations in the conduct of internship training and  
that there may be additional rules and instructions that may be given from time to time. It is further  
understood that he/she must comply with the aforesaid rules, regulations and instructions; otherwise,  
he/she shall be excluded from further participation.
- b) Shall abide by all the company /school rules and regulation and shall comply with those  
imposed for the program; otherwise, he/she shall be excluded from the further participation;
- c) Shall exercise care and diligence in any task assigned to him/her;
- d) Shall be made answerable for any and all liabilities for damages for property or injury to third  
person, which may be occasioned by his/her intentional or negligent act while in the course of  
his/her training.

\_\_\_\_\_  
(Parent’s/Guardian’s signature over printed name)

Contact Number: \_\_\_\_\_  
Address : \_\_\_\_\_

Conforme:

\_\_\_\_\_  
(Student’s signature over printed name)

\_\_\_\_\_  
Name of OJT Coordinator: \_\_\_\_\_