**(ENTER SCHOOL NAME)**

PARENT INFORMED

CONSENT FOR SOCIAL WORK INTERN

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am fully aware that MMCS has offered an internship of Social Work for the 2014-2015 school year. This intern will be supervised by a licensed social worker to ensure that all Social Work Code of Ethics are followed.

I **DO/DO NOT** give my informed consent to allow a social work intern to be a part of all services provided to my son/daughter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

Information will be treated confidentially. Confidentiality shall not be maintained where there is reason to suspect the occurrence of child abuse or neglect; where there is a clear threat to do serious bodily harm to self and/or others; or where a court intervenes under court order.

Sent Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received from Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Date