

Horry County
Human Resources Department
PO BOX 997
1301 Second Avenue
Conway, SC 29526



Phone: (843) 915-5230
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HORRY COUNTY PARENTAL CONSENT FORM

YOUR CHILD HAS APPLIED FOR AN UNPAID STUDENT INTERNSHIP POSITION WITH HORRY COUNTY GOVERNMENT. YOUR SIGNATURE ON THIS FORM INDICATES YOUR CONSENT OF YOUR CHILD'S PARTICIPATION IN THIS PROGRAM, AND ACKNOWLEDGEMENT OF THE INFORMATION CONTAINED HEREIN.

UNPAID STUDENT INTERNS ARE UTILIZED IN A VARIETY OF CAPACITIES IN HORRY COUNTY. YOUR CHILD WILL HAVE A GENERAL DESCRIPTION OF DUTIES IN CONNECTION WITH HIS/HER INTERNSHIP PROGRAM. PLEASE REVIEW THIS INFORMATION PRIOR TO SIGNATURE OF THE PARENTAL CONSENT FORM.

SHOULD IT BE NECESSARY FOR YOUR CHILD TO RECEIVE MEDICAL TREATMENT WHILE PARTICIPATING IN THIS INTERNSHIP, THIS FORM GIVES HORRY COUNTY GOVERNMENT STAFF PERMISSION TO USE THEIR JUDGMENT WITH REGARD TO OBTAINING OR REFERRING YOUR CHILD FOR MEDICAL SERVICES. PLEASE MAKE CERTAIN THAT YOUR CHILD HAS MEDICAL INSURANCE INFORMATION IN THEIR POSSESSION IN CASE OF EMERGENCY.

THE UNDERSIGNED PARENT OR GUARDIAN HEREBY FREELY AND VOLUNTARILY AGREES TO RELEASE, INDEMNIFY AND HOLD HARMLESS HORRY COUNTY GOVERNMENT, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL DAMAGES OF ANY NATURE WHATSOEVER WHICH THE UNDERSIGNED MAY SUFFER OR INCUR ARISING OUT OF THEIR CHILD'S PARTICIPATION IN AN INTERNSHIP PROGRAM WITH HORRY COUNTY GOVERNMENT.

PRINTED NAME OF STUDENT _____

PRINTED NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

If you require further information, please contact Horry County Human Resources at 843-915-5230