**The Maine WIC Nutrition Program has agreed to host intern’s name, Dietetic Intern for a learning experience in the WIC offices of Agency name. In order for intern’s name to take part in this WIC appointment today, your consent is needed.**

I give my consent for intern’s name, Dietetic Intern, to take part in my WIC appointment today. By signing below, I give my consent for intern’s name to:

* observe my appointment
* ask questions related to my concerns and needs
* provide information that may be helpful for me and my family

Authorized Representative/Proxy Signature Date

WIC Staff Member Signature