

## Parent/Guardian Consent Form

Your son or daughter has been invited to attend a job shadowing experience at ( employer). He or she will be assigned to an employee, who will lead them through the various departments of the company. They will discuss a typical work day and explore different aspects of working in the industry. They will then join their classmates, other area students, teachers, and business employees to discuss what they observed and what they learned. Transportation will be provided by (explain).

### Permission to participate in job shadowing

My child \_\_\_\_\_ may participate in a job shadowing experience which will take place at \_\_\_\_\_ (business name) at \_\_\_\_\_ (city/state) between the hours of \_\_\_\_\_ AM and \_\_\_\_\_ PM.

### Permission to Travel

I understand that my son/daughter \_\_\_\_\_, will travel to the workplace under the supervision of school staff.

### Photo Release

I grant the employer and school permission to photograph my son/daughter for promotional and educational purposes. Yes \_\_\_\_\_ No \_\_\_\_\_

### Medical Authorization

Should it be necessary for my child to have medical treatment while participating in the job shadowing program, I hereby give the school district personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school district personnel to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or to the business, if needed.

Student's name:

Date of Birth:

Address:

City, ZIP

Home phone:

Daytime phone contact information for parent(s) or guardian:

Contact other than parent/guardian:

Relation to student:

Phone:

Family Doctor:

Phone:

Preferred Hospital:

Address:

Phone:

Does your child require any special accommodations due to medical limitations, disability, dietary constraints, or other restrictions? Please explain.

I hereby agree to all of the above authorizations and permissions.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

OR

I do not wish to give a medical release.

I do not wish to release my child's emergency information to any necessary medical providers or the employers if necessary for the medical care of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date