

PARENT/GUARDIAN JOB SHADOW PERMISSION FORM

My son/daughter has permission to participate in job shadowing, a work-based learning experience.

Student Name: _____

Work Site: _____

Work Site Host: _____

Work Site Phone # _____

In Case of Medical Emergency: Parent/Guardian's Name: _____

Day Phone: _____

Emergency Contact Person: _____ Phone: _____

Family Physician: _____ Phone: _____

List Any Medication: _____ Allergies? _____

Other: _____

Name of Medical Insurance Carrier: _____ Phone: _____

The undersigned authorizes and directs any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during the work-based learning experience.

TRANSPORTATION:

Transportation is the sole responsibility of the parent or legal guardian. Participation in the program is voluntary. The Calhoun County Area Chamber & Visitors Center is not directly supervising, controlling, or providing the students' transportation.

Job Shadow Day is a school activity and students shall therefore abide by all school rules, practices, and agreements at all times, from the time they leave until the time they return.

Students shall dress in accordance with the assigned company's dress code policy. In the absence of such policy, the students shall dress in accordance with the school's dress code policy.

The undersigned understands there is an inherent risk in participating in community and work-based learning activities and agree to hold harmless the Calhoun County Area Chamber & Visitors Center, the school district, and the learning site for any accidents or injuries occurring during placement.

I hereby understand and assume all risks, hazards, and injuries incidental to such participation and do hereby waive, release, absolve and agree to hold harmless the learning/work site, the Calhoun County Area Chamber & Visitors Center, and Anniston City Schools from any claim arising out of an injury to my child.

I understand that some learning/work sites may include travel. This travel is NOT provided by the Calhoun County Area Chamber & Visitors Center but rather by the learning/work site and therefore the Calhoun County Area Chamber & Visitors Center will not be liable for their negligent acts.

The parent/guardian and student understand that even though these experiences are non-paid, the student may perform work-related activities. School personnel may not have visited the worksite, met the hosts, nor be present when the student is on site.

I have read and understand the responsibilities and policies involved in the job shadow program.

Student Signature: _____

Date: _____

I, as parent or legal guardian of the above-named student, hereby agree to the conditions of participation in the job shadow program.

Parent/Legal Guardian Signature: _____

Date: _____