

# JOB SHADOW – Parent/Guardian Consent Form

Job shadowing is an opportunity for students to spend a full day at a workplace with a person who is employed in a career area of the student's interest. Students will be responsible to acquire a host, an employee at the workplace of their choice, who will lead them through the workplace. They will discuss a typical workday and explore different aspects of working in a particular career and what skills and/or education they will need in this career area. Your child has been invited to attend a Job Shadowing experience. Students who do not participate in the Job Shadow experience will attend school as usual on Thursday, March 8<sup>th</sup>. **In order for your child to participate this form MUST be completed and returned to their CURRENT CCA Teacher for their approval by FRIDAY, March 2<sup>nd</sup>.**

Name of Student: \_\_\_\_\_

Current CCA Teacher: \_\_\_\_\_ Class Period: \_\_\_\_\_

School: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List your top three career choices with the career that interests you most first:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I will attend the Job Shadow. I understand that I must provide my own transportation to and from the job shadowing site. I must be on time, be polite, courteous, and act in a professional manner. I will abide by my school system's code of conduct and dress code. **I will complete a post-shadowing presentation after completing the shadowing experience.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Permission to Participate in Job Shadowing

**I give permission for my student to participate in the Job Shadowing experience on Thurs, March 8<sup>th</sup>.**

We have obtained a commitment from a reputable professional/business for my student to shadow. I will ensure that my student will be on time, and will reinforce the expectation that he/she will be courteous, use good manners, and will act and dress in a professional manner during the shadowing experience. I understand that school personnel may not have visited this business site, may have not met the host, will not be present when the student is on site, and will not supervise the visit. **Furthermore, I WILL PROVIDE or ARRANGE TRANSPORTATION TO AND FROM THE JOB SITE for my student.**

Employer: \_\_\_\_\_ Host's Name: \_\_\_\_\_

Host Contact Information (Email/Phone): \_\_\_\_\_

## Medical Authorization

Should it be necessary for my child to have medical treatment while participating in this Job Shadowing event, I hereby give the workplace personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the workplace personnel to render whatever medical treatment deemed necessary and appropriate. Permission is also granted to the school system to release necessary emergency contact/medical history to the attending physician, if needed.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_