

## **JOB SHADOWING RELEASE OF LIABILITY**

**Note:** For a student to participate in the job shadowing experience, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

I understand that on February 7, 2013 my child, \_\_\_\_\_, will be dismissed from school and will participate in a job shadowing experience at \_\_\_\_\_ . I will be responsible for providing transportation to and from the job shadow site. I assume full responsibility for my child during the dismissal time from school. **I understand that only four hours will be excused from school for job shadowing (8am-12pm or 12pm - 4pm).** I also understand that my child must be covered by health insurance in order to participate in the job shadowing experience.

I hereby give \_\_\_\_\_ High School permission for my child, \_\_\_\_\_ to participate in this activity.

Should my child need immediate medical treatment; \_\_\_\_\_ County High School has my permission to take the above named student to an emergency room or other medical facility to seek medical treatment.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

The bottom of this form must be filled out completely before your child can participate in this activity.

Phone Numbers: Home: \_\_\_\_\_

Mother's Work \_\_\_\_\_

Father's Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_