



TOOLS

Job Shadow Permission Form

I hereby give permission for _____ to attend the _____ job shadow activity

from ____/____/____ to ____/____/____ : ____ a.m./p.m. to ____ : ____ a.m./p.m.
(Dates) *(Times)*

I understand this job shadow activity is sponsored by _____

at _____ High School.

Transportation will be (check one): On a school bus By private auto By rented vehicle

Other _____

I realize that neither the school nor the faculty members are to be responsible or liable for any accidents that may occur.

Signature of Parent/Guardian: _____
(Date)

Printed Name of Parent/Guardian: _____

Emergency Phone Number: () _____