



# JOB SHADOW PERMISSION/ DRIVING FORM

IT IS THE STUDENT'S RESPONSIBILITY TO GET ALL SIGNATURES  
REQUIRED BELOW AND RETURN THIS FORM TO THEIR SCHOOL  
SECRETARY BEFORE REPORTING TO A JOB SHADOW.

**I need school transportation**

Transportation is not guaranteed after 4pm.

**I will drive myself**

Permission is hereby given for \_\_\_\_\_ to drive/ride with school personnel  
**Student's Name**

for the purpose of a job shadow at \_\_\_\_\_  
**Business Name and Location**

on \_\_\_\_\_ that begins at \_\_\_\_\_ and ends at \_\_\_\_\_.  
**Date Start Time End Time**

Note: Students should plan to arrive at the place of business 10-15 minutes before their  
job shadow is scheduled to begin.

## LIABILITY RELEASE

Parent/Guardian hereby agrees to hold harmless and indemnify job shadow site for any  
and all causes of action arising out of student's involvement in job shadowing.

Parent Signature: \_\_\_\_\_

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

Instructor Signature: \_\_\_\_\_

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

School Administrator Signature: \_\_\_\_\_

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

Molly Zahradka, Career Pathways Coordinator: \_\_\_\_\_

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