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** _____**I will drive myself**
Transportation is not guaranteed after 4pm.

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: _____

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