

## Job Shadow Visit Permission Form

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

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Date of Job Shadow: \_\_\_\_\_

Location & Email (Company/Organization Name & Contact info for the person you are shadowing):

Physical Address of Job Shadow Site: \_\_\_\_\_

Dear Parent/Guardian,

Your child has the opportunity to participate in a **Job Shadow Experience** at the location mentioned above. This is an educational activity designed to help students learn more about potential careers by observing professionals in their work environment.

### Please note the following:

- Seniors are allotted 3 excused absences for job shadowing/college visits. Juniors are allotted 2 excused absences for job shadowing/college visits.
- Students must return this form to the office **one week prior to their visit**
- All visits must be prior to May 1st
- Transportation arrangements should be made by the student or parent/guardian
- Students are required to follow the company/organization's guidelines and safety procedures

By signing this form, you are granting permission for your child to participate in this educational experience.

### Permission and Acknowledgment:

I give permission for my student, \_\_\_\_\_ (student name), to participate in the Job Shadow experience on the date provided. I understand the nature of this activity and agree that neither the school nor the job shadow site will be held responsible for any unforeseen incidents.

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

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

Counselor Signature: \_\_\_\_\_