



# Job Shadow Consent/Permission Form

## Heritage High School



Your child has been scheduled to participate in a school sponsored job shadowing experience, which will require transportation to a location away from the school building. Job shadowing is a worksite experience during which a student spends supervised time at a workplace observing a worker, asking questions, and completing written assignments (if requested) to learn about different aspects of a career.

|                                      |  |
|--------------------------------------|--|
| Company/Agency Name:                 | Address:   |
| Person(s) student will be shadowing: | Company/Agency Phone Number:                             |
| Date(s) of Job Shadow:               | Start time: <span style="float: right;">End Time:</span> |
| Additional Notes:                    |  |

|   |                                     |
|---|-------------------------------------|
| Student Name:   | Home Address:                       |
| Parent/Legal Guardian Name:                               | Parent/Legal Guardian Phone Number: |
| Reliable student contact info (email and/or cell number): | Career Cluster/Pathway:             |

**Transportation Plan:** It is the responsibility of the parent/guardian to provide transportation to and from the worksite.

To Parents/Legal Guardians: Please complete, sign and return this statement of consent, prearranged absence permission, medical authorization and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

I hereby consent to participation by my child in the job shadowing event described above. I understand that this event will take place away from the high school and that my child will be under the supervision of an assigned adult participant. A certified high school staff person may not be accompanying the student on the job shadowing experience. I further consent to the conditions stated above on participation in this event, including the method of transportation. Should it be necessary for my child to have medical treatment with participating in this event, I hereby give the school district and/or worksite personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. Please provide the following contact information:

|   |                           |
|---|---------------------------|
| Contact other than parent/legal guardian listed above and relation):  | Contact phone number:     |
| Family physician name:  | Physician's phone number: |
| Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions? Please explain any that are required: |                           |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the Saginaw Township Community Schools Board of Education that the District will not discriminate against any applicant or employee based on sex, age, race, color, national origin, religion, height, weight, marital status, handicap or disability. The District shall comply with all applicable federal and state laws and regulations prohibiting discrimination including, but not limited to, Titles VI and VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d, et seq.; and 42 U.S.C. §§ 2000e, et seq.; The Americans With Disabilities Act of 1990, 42 U.S.C. §§ 1210, et seq.; The Handicappers' Civil Rights Act, MCL §§ 37.1101, et seq.; and The Elliott-Larsen Civil Rights Act, MCL §§ 37.2101, et seq.; Age Discrimination in Employment Act (ADEA), 29 U.S.C. §§ 621, et seq. Inquiries or complaints by applicants or employees related to discrimination should be directed to the Director of the Human Resources Department for the Saginaw Township Community Schools.



# HHS JOB SHADOW CONFIDENTIALITY STATEMENT



This policy of confidentiality pertains to all students who participate in a Work Based Learning/Job Shadow experience which may bring them into contact with sensitive information that **cannot** be shared outside the work site. The following points must be observed:

1. The primary obligation of the student is to respect the confidentiality regulations of the business entity in which they are placed for their Work Based Learning/Job Shadow Experience.
2. The only information to be shared with the student is that deemed by the work site supervisor as necessary to provide a better understanding of the job the student is observing or learning. This information is to be **kept strictly confidential by the student.**
3. Should information of a private or sensitive nature (either verbal or written) be overheard or observed (deliberately or inadvertently) by the student, it becomes their duty and responsibility to **keep that information in strictest confidence.**
4. This policy of confidentiality must be adhered to regardless of the type of career area being explored or the duration of the experience.
5. Questions regarding specific situations which may arise at the work site **must** be addressed directly with the immediate supervisor at the time they occur.

By signing this confidentiality statement, I am signifying that I have read it, or had it read to me, that I understand its content, and am fully aware of the serious nature of violating the terms contained in it.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## JOB SHADOW ATTENDANCE RECORD

Supervisor: By signing below, you confirm that the student attended the job shadow experience for the listed days/times.

| Date | Time In | Time Out | Job Shadow Site Supervisor Signature |
|------|---------|----------|--------------------------------------|
|      |         |          |                                      |
|      |         |          |                                      |
|      |         |          |                                      |
|      |         |          |                                      |

If you have any questions or concerns, please email or call Sue Hill, Work Based Learning Coordinator at 989-399-8066 or [sdhill@stcs.org](mailto:sdhill@stcs.org).