

**Eastern York High School
Job Shadowing Program
Parent Permission and Medical Release Form**

I hereby give permission for _____ to participate in the Job Shadow program at Eastern York High School.

He/she will be shadowing at _____.

Date and Time of Job Shadow _____.

EMERGENCY NOTIFICATION:

Name _____ Relation to Student _____

Address _____

Home Phone _____ Work Phone _____

I hereby grant permission for my child to participate in the Job Shadow. This includes permission for the appropriate adult to administer first aid, medication, and provide assistance in the case of emergency or as part of the daily regimen for the child.

Parent/Guardian Signature _____

Please check one of the following:

_____ Student will drive to the Job Shadow.

_____ Parent/guardian will be responsible for transporting the student.