

Job Shadow Informed Consent

Completed form must be returned, signed by all parties, before the Job Shadow can take place.

Student Name _____ Date of Birth _____ Age _____ Male _____ Female _____

Pathway: Arts & Communication

School _____ Grade Level _____ Home Phone _____

All parties agree:

- That the purpose of this activity is to expand the student's knowledge in a career pathway.
- School personnel are not required to be present when a student is on site.

For more information contact the School Coordinator.

School Coordinator Tod Lokey Phone (253) 571-7927 Ext. _____

In case of a Medical Emergency:

Parent/Guardian _____ Day Phone _____ Evening Phone _____

Other Emergency Contact _____ Phone _____
Please identify by name and relationship (relative/friend)

Doctor's Name _____ Phone _____

List any Medications or Allergies: _____

List any physical or mental impairment that substantially limits one or more major life activities, such as walking or learning and requires accommodations:

Medical Insurance/Carrier _____ Policyholder _____

Group/Subscriber # _____ State Medical Coupon/Award # _____

One of these (required) **School District Accident Insurance** **Labor and Industries coverage**

Source: School to Work Rider **School District Risk Management Office: 253.571.1016** for insurance coverage questions

Student Transportation: Provide own transportation Parent/Guardian Public Transportation Walk

The School District and the work site do not discriminate on the basis of race, religion, ethnicity, age, disability, gender, sexual orientation, marital or veteran status. This is a commitment made by the parties in accordance with federal, state, and local laws and regulations.

Signatures:	I hereby authorize TPS or its designee to release this form to the worksite	YES	NO
	Consent for student photographs and photo publication	<input type="checkbox"/>	<input type="checkbox"/>
	Authorization is granted for emergency medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
	Student has permission to participate in the activity	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature Date

I wish to participate in the job shadow named above and understand that I am obligated to the agreed upon schedule. Participation in this job shadow will be reflected in both semester grades for the 2003-2004 school year.

Student Signature Date
(This form to be filed at student's home school. Student will take copy to job site.)

School Coordinator Signature Date