

SAMPLE: Cooperative Education Job Shadowing Program Parent Consent Form

Note: Please refer to the "School Board and Secondary School Policy Manual(s)" for field trip forms.

Date of Job Shadowing Experience: _____

Departure Time: _____ Arrival Time: _____

Destination: _____ Supervising Teacher: _____

To the Parent/Guardian: Your son/daughter has the right and responsibility to have a safe and educational workplace visit. Health and safety education is an important element of this experiential learning opportunity. Review this form and any additional information provided by your teacher, with your son/daughter and sign below. If you have additional questions about safety, contact the teacher.

Yes No

 My son/daughter, _____, has my permission to participate in Job Shadowing experiential learning on _____ (date) at _____ (name of workplace). I understand that there may be risks associated with my son/daughter visiting a workplace.

 I will be responsible for ensuring that my son/daughter gets to the workplace and home safely, at my expense.

 My son/daughter may be photographed, interviewed, or videotaped on this day.

 My son/daughter has my permission to participate in this program. In the event that my son/daughter does not abide by the Workplace Rules and Regulations, policy for safety, and the school "Code of Conduct", I can be reached at _____ .

 My son/daughter will report to _____ (Supervisor's name) at _____ (organization).

Parent/Guardian Signature: _____ Date: _____