

**Job Shadow – Parent/Guardian Approval Form**

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

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

Parent/Guardian Phone: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Optional - If you have an email, we will use it to send job shadow confirmation information.*

Parent Approval:

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury, or even death during transportation to, from, onsite, and during the activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child’s participation in this opportunity, including claims against the following parties (and their employees, contractors, and volunteers): Cedar Valley Career Connections, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I give my consent to have a Cedar Valley Career Connections staff member contact my son or daughter at some future date to review their career development. I understand that transportation to and from the job shadow is the student’s responsibility.

Are there any physical accommodations needed for this child to have a successful job shadow?

□ Yes □ No

If yes, please list:

Media Release:

I agree to allow my child’s photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote Cedar Valley Career Connections. I understand that my child’s photo-image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by Cedar Valley Career Connections for K-12 student throughout the Hawkeye Community College Service region.

□ I ALLOW my child’s image or name to be included in media or marketing pieces.

□ I DO NOT want my child’s image or name to be included in medial or marketing pieces.

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