



# Job Shadow

## Job Shadow Registration & Parent Permission Form

### Student Information:

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

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ok to text shadow information? Y / N

Do you prefer email or text? \_\_\_\_\_

What career are you interested in shadowing? \_\_\_\_\_

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### To participate in a job shadow, I agree to:

- 1) Attend job shadow on agreed upon date and time.
- 2) Return the Registration/Parent Permission Form and Emergency Contact form to Career Specialist.
- 3) Turn in completed Teacher Signature Page before the job shadow.
- 4) Complete all assignments for classes I will miss and turn in according to my teachers' wishes.
- 5) Arrange for my transportation to and from the job shadow.
- 6) Complete evaluation.
- 7) Write a Thank You note to my host and turn it in no later than one week after the job shadow.

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Signature of Student

- I HAVE READ ALL INFORMATION REGARDING JOB SHADOWING. I UNDERSTAND THAT THE SCHOOL AND BUSINESS ASSUME NO RESPONSIBILITY FOR HEALTH, ACCIDENT OR TRANSPORTATION INSURANCE WHILE MY CHILD IS OUT OF SCHOOL FOR HIS/HER JOB SHADOWING. I AGREE TO PROVIDE (OR ARRANGE) TRANSPORTATION TO AND FROM THE JOB SITE.**

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

- I GIVE MY PERMISSION FOR MY CHILD TO DRIVE TO AND FROM HIS/HER JOB SHADOW SITE.**

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

- I GIVE MY PERMISSION FOR MY CHILD TO TRAVEL TO DIFFERENT SITES RELATED TO THE JOB SHADOW WITH THE JOB SHADOW HOST.**

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



# Job Shadow Teacher Signature Page

**All necessary paperwork must be completed and turned in for you to be excused from school.** In addition, all teachers must be informed that you will be gone that day and you must obtain all assignments you will miss the day you will be gone. It is up to your individual teachers to decide when the assignments you will miss will be due.

You must get teacher signatures prior to the day you are gone. **This sheet must be completed and turned in before the job shadow in order for you to be excused from this day of school. If you do the job shadow without handing everything in, your absence will be considered unexcused.**

Student Name \_\_\_\_\_ Job Shadow Date: \_\_\_\_\_

Period 1 Teacher signature: \_\_\_\_\_

Period 2 Teacher signature: \_\_\_\_\_

Period 3 Teacher signature: \_\_\_\_\_

Period 4 Teacher signature: \_\_\_\_\_

Period 5 Teacher signature: \_\_\_\_\_

Period 6 Teacher signature: \_\_\_\_\_

Period 7 Teacher signature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor Signature

Date



# Job Shadow

## Emergency Contact Form

Student Information	
Student's Name	Date of Birth
Address: City: Zip:	Home Phone: Cell Phone:
School:	
Parent/Guardian Information	
Parent/Guardian's Name	Parent/Guardian's Name
Home Phone: Cell Phone: Work Phone:	Home Phone: Cell Phone: Work Phone:
Additional Emergency Contact Information	
Additional Emergency Contact's Name	Additional Emergency Contact's Name
Relationship to student	Relationship to student
Home Phone: Cell Phone: Work Phone:	Home Phone: Cell Phone: Work Phone:
Medical Information	
Hospital Preference	Physician's Name Phone:
Insurance Company	Policy Number
Allergies	Health Conditions

I authorize medical treatment in the event of an emergency or if I cannot be reached at the time.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
date

It is the policy of the Muskegon Area Intermediate School District that no staff member, candidate for employment, program participant, or recipient of services shall experience discrimination on the basis of race, color, national origin, sex (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category (collectively "Protected Classes"), in its programs and activities, including employment opportunities. The MAISD is an equal opportunity employer.