

JOB SHADOW
PERMISSION TO PARTICIPATE FORM
DUE JANUARY 23, 2026

Student Name: _____ Home School: _____

ACC Program: _____

Job Shadow Site: _____

Site Address: _____

Contact Person: _____ Phone: _____

Occupation(s) to observe: _____

Date: February 2, 2026 Begin Time: _____ End Time: _____

Parent Approval

I give my permission for my child to take part in this job shadow opportunity. I understand the responsibilities placed upon my child.

I understand that I am responsible for my child during this time away from school. I will not hold the business, the school, the school district, nor any employees of such organizations liable for any injuries sustained by my child during his/her participation in this program. I understand that school personnel will not be present and will not be responsible for my child.

Permission to Travel

As a parent/legal guardian of the above-named student, I hereby consent he/she may drive a private vehicle to and from the site. I acknowledge that he/she is licensed to drive under the laws of the State of Indiana. I understand that automobile insurance is required.

_____ Yes _____ No - Please indicate the transportation arrangements _____

Medical Authorization and Emergency Information

Should it be necessary for my child to receive medical treatment while participating in this job shadow site visit, I hereby give the School City of Hammond and/or the site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. Permission is also granted to release emergency contact/medical history to the attending physician or to the site personnel, if needed.

_____ Yes _____ No

Does your child require any special accommodations because of medical limitations, allergies, disabilities, or other restrictions? If yes, explain.

_____ Yes _____ No _____

Emergency Contact Information

Guardian Name: _____

Relation to Student: _____ Phone: _____

Additional Contact: _____

Relation to Student: _____ Phone: _____

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Student Responsibilities

I understand that while participating in this experience, I am representing the Area Career Center. I agree to be on my best behavior. Should I be absent from my home school, I will notify my teachers in advance to receive and complete any missed work. I understand that if all guidelines are followed and I turn in the required paperwork, time away from school will not count against my attendance.

Student Printed Name

Student Signature

Date

Home School Approval

Printed Name

Signature

Date