WBL JOB SHADOW PARENTAL PERMISSION FORM

I hereby give permission for ________________________________ to participate in the job shadowing experience at ________________________________ (name of job site) on ________________________________ (specify date).

- I have read through all the information provided and approve of my child’s participation.
- I understand that my son/daughter and I will be responsible for providing his/her own transportation to and from the site.
- He/she must also make all arrangements such as: Appropriate dress, arrival/departure time, lunch, etc. prior to the date of the job shadowing.
- I also understand that my son/daughter is not to operate any power equipment during this experience.

I understand that this visit is considered a school activity and will take place during the school day and will count as an absence from school for my child if he/she does not show up at the job site. I am also aware that my son/daughter must complete a minimum of three (3) hours of shadowing or they will be considered truant from school for the day and will receive the appropriate disciplinary consequence.

Parent/Guardian Signature: ____________________________________________________________

Date: ________________________________