

Signed and Completed form is due to Mrs. Starnes by Friday, October 10, 2014. Turn this in to the desk in the main office, Building B or Mrs. Starnes in Building C. You may also scan a signed and completed form and email it to Mrs. Starnes at marthajean.starnes@clover.k12.sc.us.

**Clover High School
Job Shadowing Permission Form
PSAT/Job Shadowing Day
October 15, 2014**

Job Shadowing is an opportunity for students to experience various careers in the community by observing and interacting with appropriate professionals.

STUDENT INFORMATION:

My child , _____, will Job Shadow _____

at _____ during the hours of _____.

I understand that we are responsible for arranging transportation to and from the shadowing site. I also understand that school personnel will not be present when my student is at the site and will not be responsible for my child. In addition, I give permission for my child to receive medical treatment in case of injury or illness.

Clover School District #2 shall not be liable for any injuries sustained in this program.

I have read the above information and fully understand and agree with the content.

Parent/Guardian Signature

Date

EMPLOYER INFORMATION:

Workplace Name _____

Address _____

Phone Number _____

Employer Signature

Title

Date

(Over Please)

Emergency Information

Parent/Guardian Name _____
Workplace Name &
Address _____

Phone Number _____

Parent's Cell Phone (if applicable) _____

Emergency Contact (other than parent) _____

Phone Number _____

Please list any allergies or medical conditions that would be helpful in an
emergency: _____

The district shall not be liable for any injuries sustained in this program. I have
read the above information and fully understand and agree with the content.

Parent/Guardian Signature

Date

If there are any questions, please contact Martha Jean Starnes (Work-Based
Learning Coordinator) at 803-810.8241 or marthajean.starnes@clover.k12.sc.us.

Please be sure to send a picture of your Job Shadowing day to Mrs. Starnes at the
above mentioned email address. Sign below only if you DO NOT wish for your
child's picture to be released for publicity.

Student Name

Parent's Signature