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| *This program has been approved by Rocky View Schools and meets the requirements outlined in the applicable Guide to Education and RVS AP216 Off-Campus Education. Parental or guardian consent shall be obtained on the student’s behalf and the student-employer agreement shall be signed by both parties and the parents of underage students. This agreement shall be on file at the school attended by the student before said student is placed at the work site or station.* |

*Please complete and return this form to your School by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).*

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: | | | |
| School: | Teacher: | | |
| **PARENT/GUARDIAN PERMISSION**  I authorize my child’s participation in a **job shadow** experience on       (date) at      .  I understand that neither Rocky View Schools nor the sponsoring employer can be held responsible for any injuries, which may result from participating in the program. I hereby release Rocky View Schools, the sponsoring employer and their employees and agents from all manner of action suits, losses, damages, or injuries, however caused, arising out of my child’s participation in the program.  Yes, my child will accompany me to work.  Yes, my child will accompany a relative, neighbour, friend or other person I have been in contact  with and with whom I have reached an agreement regarding this experience.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name).*  My child will be travelling to this experience by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(walking, driving, on bus, etc.)*  No, I do not wish my child to participate in this program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name Signature Date | | | |
| **JOB SHADOW INFORMATION**  I will be taking the above named student to work on       (date) and acknowledge that the student will be under my supervision for the business hours indicated. | | | |
| Name: | | Occupation: | |
| Relationship:  Parent/Guardian  Relative  Neighbour  Friend  Other: | | | |
| Place of Employment: | | | |
| Address: | | | |
| The student will be present at my workplace between the hours of       and      . | | | |
| The student should bring a lunch:  Yes  No | | | |
|  | | | |
| Signature |  | | Date |

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| *Reference:* | * AP216 Off-Campus Education | * Off-Campus Education Guide |