

Contact Information

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone: home: _____ cell: _____ work: _____

Parent/Guardian Email: _____

Medical Information

Medical Insurance Company: _____

Group/Identification Number: _____

Special Accommodations/Conditions: _____

Transportation/Vehicle Consent

Initial Approval Below:	
	I hereby give permission for my son/daughter/ward to participate in the Blair County Chamber of Commerce's Career Shadowing Week. I understand that transportation to the career shadow workplace is the responsibility of my son/daughter/ward or me.
	I hereby release the Blair County Chamber of Commerce and the school district that my son/daughter/ward attends from any liability that might result from my son/daughter/ward driving and/or riding as indicated. I agree to maintain insurance on the vehicle if my son/daughter/ward drive.

Program Consent

The parent/guardian of the student assumes full responsibility for and agrees to save, indemnify and hold all firms and businesses participating in the Blair County Chamber of Commerce's Career Shadowing Week Initiative harmless from all losses, liabilities, damages or claims for damages or injuries to students which may arise from this program.

We the undersigned agree to the conditions and statement contained in this agreement (*signatures required*):

Print Student Name: _____ Student Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Please return this form to your school contact. Thank you.