



Corvallis School District Career Shadow/Internship
Parent Responsibility Agreement



Student Name _____ Advisor _____ Grad Year _____

The Parent agrees to:

- Approve, assist, and encourage the student to effectively carry out the duties and responsibilities associated with the experience.
- Share the responsibility for the conduct of the student while at the worksite.
- Be responsible for the safety and conduct of the student while traveling to and from the school, the worksites and home.
- Recognize and assume the family's responsibility to provide transportation to and from the worksites.
- Not hold the school or worksite provider/employees responsible for any potential health-related exposures.
- No monetary compensation for the student during the Career Shadow.
- Encourage punctuality.
- Contact the Career Education Specialist at your child's school for any information regarding the program.

I have read the provisions of this agreement and agree to its contents.

Student's Name _____ Advisor _____

Parent's Name _____

Parent's Signature _____ Date _____



**CAREER SHADOW EXPERIENCE
PARENT / GUARDIAN AUTHORIZATION**

This form notifies the parent/guardian of student participation in the Career Shadow Experience, releases school liability, and authorizes medical attention in the event of an emergency. This form must be completed before the student visits the career shadow site. Career shadow sites will be determined at a future date during a career education lesson.

Permission to Participate in Career Shadow Experience

I, _____ (parent/guardian), give permission for _____ (son or daughter) to participate in a Career Shadow Experience. I, also, agree with the travel arrangements listed below. I understand that school personnel may not have visited the site, may not have met the host, will not be present when the student is at the site, and will not supervise the visit. The employees at the site may also have not been screened and criminal history verification may not have been processed. I agree to hold Corvallis School District, its officials, agents and employees harmless against any claims for injury or damage except in those cases where the acts of Corvallis School District, its officials, agents, and employees have been determined to be negligent by a court of competent jurisdiction.

Medical Release

In the event my child may need medical treatment, I hereby consent and authorize an adult representative of the Career Shadow Experience provider to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to indemnify the Corvallis School District and the Career Shadow Experience provider for such expense.

My child does not have any physical or mental condition which restricts or prevents him or her from participating in the scheduled activity, or which would increase the risk of harm to my child with the exception of the following:

Travel Information and Release (Family provides transportation)

My student is responsible for his/her transportation arrangements. Explained below are the travel arrangements my student and I have agreed upon.

_____	_____	_____
Parent/Guardian Signature	Date	Phone Number
_____	_____	_____
Emergency Contact Person		Emergency Phone Number
_____	_____	_____
Student's Name		Student's Advisor

**THIS ACTIVITY IS NOT AUTHORIZED BY THE CORVALLIS SCHOOL DISTRICT
UNLESS THIS FORM IS SIGNED AND RETURNED TO THE HIGH SCHOOL'S
CAREER LEARNING OFFICE PRIOR TO THE CAREER SHADOW EXPERIENCE.**