



Student Job Shadow Consent – Minor (If student is under 18 years of age)

My child, _____ has my permission to participate in Monument Health’s Job Shadow program. As the parent or guardian of the above-named child, I have read the literature that is provided to my child so that I know what will be expected of my child as a participant in Monument Health’s Job Shadow program.

Activities for Job Shadow program participants may include observing patients in healthcare settings, including but not limited to observing medical or laboratory procedures, and/or business processes. I do hereby release Monument Health, Inc., its corporate affiliates, officers, employees, volunteers and medical staff members from any responsibility for injury or accident as a result of the my child’s participation in the Job Shadowing program.

I understand that in the unlikely case of a medical emergency, every attempt will be made to contact me before medical care is provided to my child.

However, this document constitutes my consent as parent or guardian for emergency treatment necessary for my child at a Monument Health healthcare facility.

I also understand that it is my responsibility to find or provide transportation for my child to and from their assignment if they are unable to drive themselves. I understand that my child is expected to notify the appropriate person, in advance, if they are unable to report at the prearranged time and that absences or failure to comply with program standards may disqualify from participating in Monument Health’s programs in the Job Shadow program or other the future similar programs.

Parent / Guardian Name PRINT: _____ Relationship: _____

Parent / Guardian Signature: _____ Date: _____ Time: _____

Address of Parent / Guardian: _____

Mailing Address (if different): _____

Daytime Phone: _____ Home / Work Evening Phone: _____ Home / Work
Circle one *Circle one*

Emergency Contact Information:

Name and Relationship PRINT: _____ Phone Number: _____
(If other than the contact above)