

James River Day School
Career Shadowing Experience
April 16, 2012

Permission Form for Professional Mentor (due April 2, 2012)

I, _____, agree to allow
(name of professional mentor)

(student's name)

to participate in the James River Day School *Career Shadowing Experience* by shadowing me at work on April 16, 2012. We/I have been given a copy of the Career Shadowing Experience Guidelines. I have read the guidelines, and agree with my responsibilities as stated in those guidelines. We/I hereby release and/or agree to indemnify the School and its agents from any and all claims of any kind or nature arising out of the *Career Shadowing Experience* as generally described in the Guidelines. We/I understand that the parent(s) or legal guardian(s) have given permission for medical treatment to be administered to their child should it become necessary in the event that parent(s) or legal guardian(s) cannot be reached by telephone. We/I also agree to be interviewed and/or photographed for school publications and news media.

Special requirements and/or expectations (use back as needed): _____

Location of Career Mentoring Experience: _____

Phone Number(s): _____

Signature of Professional Mentor: _____

Date: _____