

James River Day School
Career Shadowing Experience
April 16, 2012

Permission Form for Parents (due April 2, 2012)

I give permission for my child, _____ to participate in the *Career Shadowing Experience* with the following Professional Mentor:

Name of Professional Mentor: _____

Location of Career Shadowing Experience (address): _____

Name of Student's Advisor: _____

We/I have been given a copy of the Career Shadowing Experience Guidelines. We/I have read and understand the guidelines, and agree with my responsibilities and my child's responsibilities as stated in those guidelines. We/I hereby release and/or agree to indemnify the School and its agents, faculty advisor, and professional mentor from any and all claims of any kind or nature arising out of our/my child's participating in the *Career Shadowing Experience* as generally described in the Guidelines. We/I hereby give permission for medical treatment to be administered to our/my child should it become necessary in the event that we/I cannot be reached by telephone. We/I also give permission for our/my child to be interviewed and/or photographed for school publications and news media.

Emergency Phone Number(s): _____

Home Phone Number: _____

Signature(s) of Parent or Legal Guardian: _____

Date: _____