



BUTLER SENIOR HIGH SCHOOL

PARENT/GUARDIAN CONSENT AND WAIVER FORM

Your student will be participating in a job shadow. Job shadowing immerses the student in a worksite experience which is typically 4-6 hours of supervised time at a workplace observing an employee, asking questions and reflecting on what he or she has learned throughout their experience at the worksite.

In order for this Job Shadowing experience to be considered an excused absence, **this page must be returned to the Attendance Office within 5 school days of the completion of the shadowing date.**

Student Name: _____
(Please Print)

Date(s) of Job Shadow: _____

Time of Job Shadowing: _____

Place of Job Shadowing: _____

Parent/Guardian Signature: _____

Disclaimer for student participation:

The business or organization is granting me the privilege of spending time with an employee. I will need to be prompt, dressed appropriately and be cooperative. There may be some aspects of the organization that I may not be able to observe because of the organization's structure. In addition, there may be parts of the job that cannot be discussed outside of the worksite and I am expected to comply with confidentiality standards. As a responsible student at Butler Senior High School, I will provide my own transportation. Butler Area School District and the organization will not be responsible for any accident or injury.

Student Signature: _____

I verify that _____ spent ____ hours with me at my workplace on _____.

Signature of Host

Date