

PARENT/GUARDIAN CONSENT FORM

Your son or daughter has requested to attend a Job Shadowing experience with a facility of West Tennessee Healthcare or one of its affiliates. He/She will be assigned to an employee, a Workplace Host, who will lead him/her through a department in the workplace. They will discuss a typical workday, explore different aspects of working in a healthcare environment, and what skills they are learning in school that are needed in the working world. In order for your son/daughter to participate, this form must be completed and given to the assigned Workplace Host on the date your son/daughter will be observing. The Workplace Host will then forward all paperwork to the Guest Resources office.

Permission to Participate in Workplace Job Shadowing

My son/daughter, _____, may participate in a Job Shadowing experience which will take place at _____, a facility or affiliate of West Tennessee Healthcare, on _____.

Confidentiality of Patients

My son/daughter, _____, understands that patients in the hospital are entitled to privacy. My son/daughter understands that he/she may recognize some patients, but the fact that they are patients should not be discussed with anyone. We, myself as well as my son/daughter, understand that we may be held personally liable if a patient's confidentiality is violated.

Photo Release

I understand that Job Shadowing may attract attention from the media, and is also used to promote partnerships between schools and employers, so there is a possibility that minors will be photographed during their experience. I grant permission to photograph my son/daughter, _____, for these promotional and educational purposes.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Telephone # (in case of emergency)