

# McKeel Academy Career Shadowing Day

**What:** High School Career Shadowing is on Wednesday, April 14, 2010 Middle School Career Shadowing is on Friday, April 16, 2010. On that day, students career shadow a responsible adult who works outside of his/her home and agrees to allow your child to spend the day on the job with him or her. More information about Career Shadowing, including rules and project information, is available in the *Career Shadowing Glog* located on our web site: <http://www.mckeelacademy.com/>.

**Due Date:** Please COMPLETELY fill out pages 1 and 2 of this packet, have them signed, and turn them in to your **Homeroom teacher March 24<sup>th</sup>, 2010**. Keep the *Release of Liability Form* on page 3 and take it with you to Career Shadowing in case of an emergency. Transportation to and from Career Shadowing will be the responsibility of the students and/or parents. Students should not report to school on Career Shadowing day, but should go directly to the Career Shadowing site.

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## Career Shadowing Permission Slip

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Career Shadowing Location (Company name) \_\_\_\_\_

Company Address \_\_\_\_\_

Name of person(s) you are shadowing \_\_\_\_\_

Job title of the person you are shadowing \_\_\_\_\_

Phone number of the person you are shadowing \_\_\_\_\_

Email address of the person you are shadowing \_\_\_\_\_

- I give my son/daughter permission to participate in career shadowing day at the above location. I understand that transportation to and from career shadowing is not a school responsibility.

I understand the purpose of the Career Shadowing day, the guidelines to follow, and how the student will be held accountable for all work. We have retained these documents for our records.

Name of Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Career Shadowing Day

## Student Agreement

Name of Student: \_\_\_\_\_

I understand that it is my responsibility to make all the necessary arrangements to participate in the career shadowing day. I will make arrangements for my own transportation and obtain all required signatures. I understand my responsibilities in participating in this program (see attached form), and agree to abide by both school and business rules.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release from Liability

I hereby give permission for my son/daughter/ward \_\_\_\_\_ to participate in the career shadowing day sponsored by McKeel Academy on (Circle appropriate date) April 14, 2010 for High School or April 16, 2010 for Middle School. By my signature to this statement of permission, I hereby release McKeel Academy, individual sponsors, including teachers, and place of business cooperating with the shadowing program from all liability for mishap or injury that might result with the above named student while participating in the shadowing program. Further, should it be necessary, I authorize the business representative to obtain medical treatment in the event of injury or illness, and I agree to pay any expense incurred for this treatment.

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Release from Liability

McKeel Academy of Technology

*\*\*Students, take this release with you to the job site on April 14, 2010 for High School or April 16, 2010. Some businesses require them in case of an emergency. This paper does NOT need to be returned to school.*

Name of Career Shadowing Site: \_\_\_\_\_

Name of Career Shadowing Mentor: \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission for my son/daughter/ward, \_\_\_\_\_, to participate in the career shadowing day sponsored by McKeel Academy on April 14, 2010 for High School or April 16, 2010 for Middle School. By my signature to this statement of permission, I hereby release the above named school, individual sponsors, including teachers, and place of business cooperating with the shadowing program from all liability for mishap or injury that might result with the above named student while participating in the shadowing program. Further, should it be necessary, I authorize the business representative to obtain medical treatment in the event of injury or illness, and I agree to pay any expense incurred for this treatment.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_