

Work Based Learning Opportunity



AIKEN COUNTY
PUBLIC SCHOOLS

SHADOWING PERMISSION FORM

High School _____

Student Name _____
Last First MI Phone _____

Shadow Date _____ Report Time: _____ Work Site: _____

Work Site Address _____ City _____ State _____ Zip _____

Position Shadowed _____ Supervisor _____

Supervisor's: Phone No. _____ E-mail _____

Special Instructions: Dress, etc. _____

Student's IGP Career Cluster (s) _____

Student agrees to accept, and Parent/Guardian support, the following responsibilities:

1. Maintain regular attendance in school and follow all rules concerning the program.
2. Show honesty, punctuality, a cooperative attitude, proper grooming and dress, and a willingness to learn.
3. Conform to the rules and regulations of the work site, and maintain confidentiality.
4. Complete required assignments and furnish necessary information.
5. Should an emergency arise and you are **unable** to attend, please contact _____.

Date: ____/____/____ Student Signature: _____

Date: ____/____/____ Parent Signature: _____

Teachers: Please initial below to indicate that you have been notified of this student's plans to shadow on the above date.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____

EMERGENCY INFORMATION FOR SHADOWING

Family Information:

Parent/Guardian Name(s) _____ Daytime Phone(s) _____

Workplace Name (s) _____

Alternate Contact _____ Phone _____

Student Medical Information:

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? ☐ Yes ☐ No If yes, list medications _____

List any other allergies (insect bites, foods, etc.) _____

List any chronic medical conditions (asthma, diabetes, epilepsy, etc.) _____

Insurance Statement: Aiken County Public Schools provides a Worker's Compensation coverage and Liability coverage through the South Carolina School Boards Insurance Trust for all students participating in Work Based Learning activities. The school district does **not** provide health or auto insurance.