



Job Shadowing Liability Release Agreement

_____ is scheduled to participate in a Job Shadow experience at a PMSI facility.

I understand that job shadowing is an observation experience only; no work is to be performed. At the start of my shadowing, I will be assigned to an employee who will lead me throughout my experience. They will discuss a typical workday; explore different aspects of working in the healthcare setting; and identify the skills that are needed in the working world. While on PMSI premises, I will abide by all the policies, rules and regulations of PMSI and follow the direction of the employee to whom I am assigned.

Liability Release

I release PMSI, its employees and volunteer staff from any claim or liability arising from my participation in Job Shadowing activities.

Photo Release

I understand that there is a possibility that Job Shadow students may be photographed during their experience to help promote the program. I grant permission to be photographed for this purpose.

Authorization for Medical Treatment

I hereby authorize PMSI to provide emergency or urgent medical treatment as deemed advisable by any physician or surgeon on the Professional Staff of PMSI. PMSI will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, and that PMSI will rely on this authorization only in the event of an emergency or urgent situation. In the case of a minor student, every effort will be made to contact the parent/guardian listed prior to treatment, and the consent will be only used at a time when the parent/guardian consent may not be available.

I verify that the student is 16 years of age and older.

Signature of Shadowing participant: _____

Signature of Parent/Guardian (required for high school students 18 years of age or younger)

As a parent/guardian of the above-named participant in the PMSI job shadowing experience, I understand that this Waiver of Liability Agreement (Waiver) and Parent/Guardian Consent form must be signed by me in order for my child to participate in Job Shadow

Parent/Guardian

Telephone (work) _____ (home) _____

Cell phone or pager _____ Date _____