



**MINOR STUDENT JOB SHADOW  
PARENT/GUARDIAN AUTHORIZATION**

Date: \_\_\_\_\_

I hereby give permission for my son/daughter, *(name)* \_\_\_\_\_, to participate in the job shadowing experience at Black River Health. I certify that my son/daughter is \_\_\_\_ years of age and his/her birth date is \_\_\_\_\_.

I also authorize any health screening that is required for participation in the job shadow experience.

**PARENT/GUARDIAN**

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date