

University of Pittsburgh Medical Center
Student Career/Job Shadowing

PARENT/GUARDIAN CONSENT:

Your son/daughter has been approved for a shadowing experience at UPMC. He/she will be assigned to an employee who will lead him/her through a department in the hospital. They will discuss a typical workday and explore different aspects of working in the healthcare setting and what skills they are learning in school that are needed in the working world. While on the hospital premises, the student agrees to abide by all the policies, rules and regulations of UPMC and to follow the direction of the employee to whom they are assigned.

Permission to Participate in Workplace Job Shadowing

My son/daughter _____ may participate in a Job Shadow experience, which will take place at UPMC Presbyterian Shadyside on:

I release UPMC, its employees and volunteer staff from any claim or liability for any injury or illness resulting to said minor while he/she participates in Job Shadowing Activities.

I understand that I must provide transportation to/from the Hospital.

Authorization for Medical Treatment

I hereby authorize UPMC to provide emergency or urgent medical treatment to the above-named minor as deemed advisable by any physician or surgeon on the Professional Staff of UPMC. UPMC 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 UPMC will make every effort to contact me for specific consent and will rely on this authorization only in the event of an emergency or urgent situation occurring at a time when I may not be available.

Photo Release

I understand that there is a possibility that Job Shadow students may be photographed during their experience to help promote our program. I grant permission to photograph my son/daughter for this purpose.

Signature of Parent or Guardian _____

Telephone (work) _____ (home) _____