



Lynbrook High School
 1280 Johnson Ave,
 San Jose CA 95129

Please **PRINT** the form using **blue or black ink**

Lynbrook High School Job Shadow Program 2019
Emergency Contact and Medical Treatment Authorization

	Student	Father / legal guardian	Mother / legal guardian
Grade			
Student ID			
Name			
Home phone			
Work phone			
Cellular phone			
E-mail address			

E-mail/phone #s will be shared with other students participating in same job for carpool purposes.

REQUIRED INFORMATION:

Other authorized emergency contact when parents / legal guardians can't be reached:

Name: (**NOT A PARENT**) _____ Relationship: _____

Home Phone: _____ Cell phone: _____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance Company: _____ Policy # _____

Any physical (or other) limitations: **yes** **no**

If yes, describe: _____

In case of emergency, I give permission for my child _____ to receive any necessary medical treatment.
(student name)

 Signature of parent / legal guardian

 Date

For office use only:

Form checked and received by _____ (initial) Date: _____

Complete:



JOB SHADOW LIABILITY RELEASE FORM

In consideration for being permitted to participate in the Job Shadowing program, the participant ("Student") and his or her parent/legal guardian each hereby agree as follows:

1. Student is voluntarily participating in the Job Shadow program sponsored by the Lynbrook High School PTSA for students of Lynbrook High School. Parent/legal guardian gives permission for the student to attend their job shadow assignment.
2. Parent/legal guardian gives permission for student to attend their job shadow assignment and to be absent from regular school classes during the time of the job shadow **if the job assignment is on a school day.**
3. We (the student and his or her parent/legal guardian) agree to absolve, release, and hold harmless the California Congress of PTSA, Lynbrook High School PTSA, the Fremont Union High School District, and the job shadow hosting companies, their officers, employees and agents, from any liability or claim for damages which may arise as a result of Student's participation in Job Shadow, without regard to whether said liability or claim is based on any alleged breach of duty arising in contract, tort or statute and regardless of the forum in which it might be brought.

Print Student Name:		Print Parent/Guardian Name:	
Student ID #:	Grade:	Relationship:	
Date:		Date:	
Student's Signature:		Parent/Legal Guardian's Signature:	

Acknowledgement of additional responsibilities	Student's initials	Parent/legal guardian's initials
Agree to attend any of the job shadow opportunities that you select and submit on-line.		
Report absence to Lynbrook office one day prior to the scheduled job shadow date if shadow day is NOT ON 3/18/19		
Secure transportation to/from the Job Shadowing site.		
Inform teachers of absence and make proper arrangements for missed lecture/homework.		
Attend mandatory orientation session on Tuesday March 12 at the beginning of lunch (1:05PM).		
Confirm with your host by Thursday March 14 th by noon that you will be attending your job shadow assignment.		
Abide by expectations of dress and behavior befitting a Lynbrook student including being prompt.		
Contact your job shadow host and lhsjobshadow@gmail.com if emergency situation (illness) arises and you can no longer attend.		
Write a thank-you note to the host, and complete Job Shadow survey.		