

**Career Shadow Day Enrollment Form**

Student's Name: \_\_\_\_\_

First Period/Homeroom Teacher: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Cell/Day Phone Number(s): \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Host Business: \_\_\_\_\_

Business Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL CONSENT AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as "minor child"). As the parent or legal guardian of the minor child, I hereby consent for the minor child to participate in the Nassau County Career Shadow Day which will be held on Friday, February 19, 2021.

In consideration of the benefits to be derived by the minor child from participating in the foregoing activity, I, the parent or legal guardian of the minor child, both personally and on behalf of the minor child, and for our respective estates, heirs, administrators, executors, and assigns hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Nassau County School Board, members of the Nassau County School Board, Superintendent, or the Nassau County School Board's servants, agents or employees (hereinafter referred to as the "Releasees") from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury, including death, that may be sustained by the minor child or the minor child's property during and/or as a result of his or her participation in the above described activity.

I fully understand that there are potential risks and hazards associated with the minor child's participation in the above described activity. Despite the potential risks and hazards associated with the minor child's participation in the above described activity and related travel, I, individually and on the minor child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the above described activity that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I acknowledge that the minor child is freely and voluntarily participating in the above described activity and that his or her participation is not required.

In signing this agreement, I acknowledge and represent that I have read it and that I understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the parent or legal guardian of the minor child. This instrument shall be governed, construed, and enforced in accordance with Florida law.

\_\_\_\_\_  
Parent or Legal Guardian's Printed Name

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

\_\_\_\_\_  
Parent or Legal Guardian's Signature

## MEDICAL AUTHORIZATION FORM

\_\_\_\_\_ (Student's Name) has my permission to participate in extra-curricular activities sponsored or authorized by \_\_\_\_\_ School and/or the School Board of Nassau County.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize The School Board of Nassau County, Florida, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary or expedient by said physician, hospital or attendant as a result of involvement in the Activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care. The name of our health insurance company is \_\_\_\_\_ Policy Number \_\_\_\_\_.

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require.

The medical authorization contained within this form shall be valid and usable by The School Board of Nassau County during such periods of time as my child is enrolled in a school within said District and this authorization shall remain valid unless revoked by me in writing.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
(Date)

\_\_\_\_\_, who is personally known to me or who has  
(Name of person acknowledged)

produced \_\_\_\_\_ as identification and who did (did not) take an oath.  
(Type of Identification)

\_\_\_\_\_  
(Title or Rank)

\_\_\_\_\_  
(Signature of Notary taking Acknowledgment)

\_\_\_\_\_  
(Serial Number, if any)

\_\_\_\_\_  
(Name of Notary, typed, printed or stamped)

### MIDDLE AND HIGH SCHOOL STUDENTS:

I hereby certify that I have read, understand and agree to abide by all of the rules of conduct and regulations of The School Board of Nassau County and if appropriate, the Florida High School Activities and Athletic Association. Any violation of these rules and regulations will subject me to disciplinary action.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ON-THE-JOB QUESTIONNAIRE

Student's Name \_\_\_\_\_ (Return to your Guidance Counselor by February 26th)  
Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

**\* REMEMBER you NEED to take a PICTURE of yourself on the job!!!**

Please use complete sentences when writing responses!

1. What does the person do in this job? (Summary of work activities)
  
  
  
  
  
  
  
  
  
  
2. What education, training, or qualifications are necessary to prepare for this job? Where did you get that training?
  
  
  
  
  
  
  
  
  
  
3. How do computers/technology play a role in this job?
  
  
  
  
  
  
  
  
  
  
4. How do subjects such as English/Language Arts, Science, Math, and Social Studies relate to this job?
  
  
  
  
  
  
  
  
  
  
5. What happens to an employee who is chronically absent or frequently tardy to work?

*To be completed by the career sponsor during the job shadow experience:*

*Hours: Starting Time/Ending Time = \_\_\_\_\_ / \_\_\_\_\_*

*Sponsor's Signature \_\_\_\_\_*