

CPI

Central Pennsylvania Institute of Science and Technology

540 N. Harrison Road

Pleasant Gap, Pennsylvania 16823

Telephone: (814) 359-2793

Fax: (814) 359-2599

JOB SHADOWING PROGRAM

Parent/ Site Supervisor Consent

Dear Parent/Guardian:

Your son/daughter, _____, wishes to participate in our Job

Shadowing Program on _____ at _____.
(Date) (Site/Business)

This involves the student spending a minimum of one school day in his/her career choice with a person(s) who is employed in that profession. The student or his/her family is responsible for providing transportation to and from the job shadowing site.

In order for your child to participate in this experience parental permission is required. Please feel free to contact your son/daughter's Instructor, _____ or CPI's Cooperative Education Coordinator, Mrs. Krista Renzo at (814) 359-2793 if you have any questions or concerns related to this experience.

I do hereby give my permission to have _____ participate in the Job Shadowing Program through the Central Pennsylvania Institute of Science and Technology. I do further release the school and the individual, firm, corporation, or other entity with whom my son/daughter is shadowing from any and all liability for any personal injuries and/or property damage sustained or incurred by my son/daughter while engaged in this shadowing experience.

I do agree to contact the job shadowing site and the CPI Instructor should an illness or emergency arise which would prevent the student from participating.

Parent/Guardian Signature Date

Student Signature Date

Instructor Signature Date

Job Shadow Site Supervisor Date