

Job Shadow Permission Form

Name of Student _____

Name of Business/Town _____

Type of Job _____

Date of Shadow _____

Signature of Parent/Guardian

Please also read the back of this form in its entirety and sign.

Confidentiality

Students have a legal and ethical duty to safeguard the privacy of businesses, clients, or patients while participating in a job shadow. Any release of confidential information is grounds for legal action against students, parents, and schools. Use the following guidelines below to understand what can or cannot be done, said, or written about a job shadow experience:

- Names of customers, clients, or patients.
- All customer, client, or patient information such as medical or account information.
- All workplace information including financial status, hiring and firing information.
- All employee/staff information such as salary, medical data, account information, or personal issues discussed in confidence.

Legally, students can only talk or write about “general” information. For example, saying, “Mr. Smith, the accountant I job shadowed, worked on Mrs. Jones’ taxes today and she owes \$500,” would be very identifying. The correct way to discuss this situation would be to say, “I observed an accountant preparing someone’s taxes today.”

Ethical & Legal Behavior

Ethical and legal behavior is expected from all students participating in a job shadow. Laws exist prohibiting each of the following:

- Defamation of Character – Damaging a person’s reputation by making public statements that are false or malicious (written or spoken).
- Invasion of Privacy – Intrusion into a person’s private affairs; public disclosure of private facts about a person; breach of confidentiality; using a person’s name without his or her permission.

Acknowledgements:

Student: I understand that I am responsible for making arrangements for missed assignments prior to the Job Shadow experience. I also understand that I will be responsible for meeting with the counselor to discuss goals of the shadow prior to the shadow, attend an evaluation after the shadow, and send a thank you note to my host. I have read all the information about confidentiality and ethical and legal behavior stated above. I understand that I am representing Kidder County Public School and will take responsibility for my actions during and after my job shadow experience.

Parent/Guardian: I give my permission for my child to participate in a Job Shadow experience. As a parent/guardian, I understand that Kidder County Public School assumes no responsibility for health, accident, or transportation insurance while participating in a Job Shadow experience. I agree to provide or arrange transportation for my child to and from the job shadow site. I have read and understand the information about confidentiality and ethical and legal behavior stated above.

Student: _____ Date: _____

Parent: _____ Date: _____