

Parental Authorization – Shadowing/Observing

I give permission for my son/daughter, _____ to participate in a job
Full Name (please print)

shadowing experience at Bon Secours _____. I release Bon Secours
Facility Name

_____ from all claims that may arise out of this observational experience. I
Facility Name

understand this is an observational experience only and no patient care will be given by my
son/daughter. My signature authorizes Bon Secours _____ to
Facility Name
act in an emergency, pending care in case of illness/injury.

During the shadowing experience I give consent for:

1. Treatment deemed necessary by the following physicians:

a. Doctor _____ Phone Number _____

b. Dentist _____ Phone Number _____

2. Treatment of the minor observer at a Bon Secours location, if the above physicians cannot
be reached.

Parent/Guardian Name (print) _____ **Date:** _____

I, _____ (**student name**), agree to behave in a responsible and professional
manner during my observation experience at Bon Secours _____ (**facility name**).
I understand that I am an observer only and will not be permitted to render care of any kind.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____