

**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), agree to behave in a responsible and professional manner during my observation experience at Bon Secours \_\_\_\_\_. 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:** \_\_\_\_\_