

UPMC  
Job Shadowing Agreement

\_\_\_\_\_ is scheduled to participate in a Job Shadow experience at a UPMC facility.

I understand that job shadowing is an observation experience only; no work is to be performed. At the start of my shadowing, I will be assigned to an employee who will lead me through a department in the hospital. They will discuss a typical workday; explore different aspects of working in the healthcare setting; and identify the skills that are needed in the working world. While on the hospital premises, I will abide by all the policies, rules and regulations of UPMC and follow the direction of the employee to whom I am assigned.

*Liability Release*

I release UPMC, its employees and volunteer staff from any claim or liability arising from my for participation in Job Shadowing activities. I understand that I must provide transportation to/from the Hospital.

*Photo Release*

I understand that there is a possibility that Job Shadow students may be photographed during their experience to help promote the program. I grant permission to be photographed for this purpose.

*Authorization for Medical Treatment*

I hereby authorize UPMC to provide emergency or urgent medical treatment as deemed advisable by any physician or surgeon on the Professional Staff of UPMC. UPMC will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, and that UPMC will rely on this authorization only in the event of an emergency or urgent situation. In the case of a minor student, every effort will be made to contact the parent/guardian listed prior to treatment, and the consent will be only used at a time when the parent/guardian consent may not be available.

Signature of Shadowing participant: \_\_\_\_\_

Name of Participant(Print): \_\_\_\_\_