

## UPMC SHADOWING PARENT/GUARDIAN CONSENT

Your child has been approved to participate in a job shadowing experience on (Date)\_\_\_\_\_ at(Name of facility)\_\_\_\_\_

He/she will be assigned to accompany an employee who will lead him/her through a department in the hospital/practice. They will discuss a typical workday, explore different aspects of working in the healthcare setting, and review what skills they are learning in school that are needed in the working world. While on UPMC premises, the student must agree to abide by all the policies, rules, and regulations of UPMC and to follow the direction of the employee to whom they are assigned.

---

I agree to allow my minor child (Name)\_\_\_\_\_ to participate in the job shadowing experience described above. I understand that during this experience, my child may be exposed to hazardous and stressful situations that might result in physical injury or psychological trauma. I hereby fully release UPMC, the employees of its subsidiaries, clinical instructors, and volunteer staff from any and all claims or liability for any physical or psychological injury or illness to my child which results in full or in part from participation in this job shadowing experience.

### *Authorization for Medical Treatment*

I verify that I am the parent or guardian of the above-named child authorized to make legal decisions on his or her behalf. I hereby authorize UPMC to provide emergency or urgent medical treatment to this child as deemed advisable by any physician or surgeon on the Professional Staff of UPMC. I agree that UPMC will not be responsible for the costs of such medical treatment and that any and all such costs will be borne by myself or by the medical insurer of this child. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, and that UPMC will make every effort to contact me for specific consent and will rely on this authorization only in the event of an emergency or urgent situation occurring at a time when I may not be available.

Signature of Parent or Guardian \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_