

## PAULDING COUNTY JOB SHADOW DAY: PERMISSION FORM

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Name:	
School:	South Paulding High School

### Please return this permission slip by September 30.

I give permission for my child \_\_\_\_\_ to participate in Paulding County Job Shadow Day on \_\_\_\_\_

My child should be at his/her designated company by \_\_\_\_\_ a.m. and should be picked up from \_\_\_\_\_ (Location) by \_\_\_\_\_ PM. I understand that during the day, school district and/or company personnel may be transporting students.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion. I agree to release, indemnify, and hold harmless the Paulding County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student's participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

### Special instructions for my child:

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### Emergency contact:

Name:	
Phone:	

In case of an emergency, I give permission for my child to receive medical treatment.

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Parent/Guardian signature

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Date