

LEGAL GUARDIAN CONSENT

As the parent/legal guardian of _____, a student at _____, I understand that my child will participate in job shadowing at HCC Network. During this job shadowing experience, my child will receive information and education about healthcare that is provided in a rural community.

HCC Network is not liable for any accidents that happen during the job shadowing experience. Anything that the student sees/hears, that pertains to a specific patient at HCC Network should be kept confidential. This is stated in the handbook and the confidentiality agreement that was provided to the student before the job shadowing experience occurred.

I give my permission to have my child job shadow at HCC Network.

I **DO NOT** give my permission to have my child job shadow at HCC/LWCHC.

Please sign and print your name below to give consent for your child to job shadow at HCC Network.

Legal Guardian/Parent Signature

Legal Guardian/Parent Printed Name

Date

