PARENT PERMISSION TO SHADOW AT HARBORSIDE ON _______________________ (Date)

Shadow’s Name:_________________________________________________ Grade__________

Currently Attends:______________________________________________
(School Name)

Shadowing Harborside Student:____________________________________
(Will be completed by Harborside and Student’s Schedule will be attached)

I may be reached at the following phone numbers in case of illness or injury:

| Parent/guardian Name: ___________________________ | Parent/guardian Name: ___________________________ |
| Phone #(s)________________________________________ | Phone #(s)________________________________________ |

In the event I/we cannot be reached, please contact the following responsible adult:

Name: ___________________________ Phone: ___________________________

My child has the following pertinent health concerns (please check):

☐ No health problems
☐ Health Problems:________________________________________________

☐ All medication needed *: ___________________________

Note: *A Medication Administration Form completed by doctor &/or parent must be completed for any medication to be given at school. Forms are available in School or Nurse’s Office.

I give permission for my son/daughter to shadow at Harborside Academy. I understand that I will be required to provide transportation to and from Harborside for my student; and provide a lunch or lunch money for my student. I understand that it is my responsibility to contact my student’s school regarding this absence. In the event of serious illness or accident, I give permission for my child to be sent by rescue squad to the emergency room. I understand that I as parent/guardian am responsible for the cost of the service rendered.

_________________________ Date: ______________________
Print – Parent/Guardian Name ___________________________ Parent/Guardian Signature