



**Parent Consent and Release of Liability Form for  
High School Student Job Shadowing Experience**

If a High School student who is under of the age of 18 is interested in participating in job shadowing, parental/guardian consent is required.

\_\_\_\_\_ has my permission to participate in the WVU Medicine Student Job Shadowing Experience through his/her High School. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

The Student Job Shadowing Experience may include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I further understand that WVU Medicine offers medical services for the care and treatment of a wide range of illnesses, diseases and injuries, including but not limited to, such infectious diseases as tuberculosis, hepatitis, and HIV and that there is a risk, however slight, that the student might be inadvertently exposed to such diseases at the Hospital.

I do hereby fully and forever, remise, release and discharge WVU Medicine (defined herein to include, but not be limited to, West Virginia University Hospitals, Inc., University Health Associates, City Hospital, Inc. *dba* Berkeley Medical Center, The Charles Town General Hospital *dba* Jefferson Medical Center and West Virginia University, their officers, directors, members, partners, affiliated organizations, employees, agents, and representatives) of and from any responsibilities of injury or accident as a result of the Student Job Shadowing experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at WVU Medicine. I further consent to WVU Medicine’s staff performing any medical tests required and necessary for my child to participate in the Student Job Shadowing Experience

I hereby, for myself and for the above-referenced student, and intending to be legally bound, release, discharge and relieve WVU Medicine (as defined above) of and from any and all claims whatsoever of any nature as a result of his/her participation in the Student Job Shadowing Experience and all related activities.

I release and give my permission to WVU Medicine, its agents and employees to interview and/or take photographs and/or video of the above-referenced student during his/her Student Job Shadowing Experience for current and future use in news/feature stories; promotional publications, videos or displays; and the WVU Medicine website.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student’s Printed Name