



Parental Consent

Form

(To be completed if participant is less than 18 years old)

I, (Mr., Mrs., Ms.) _____, the legal guardian of _____, give my consent for him/her to participate in all activities associated with the Children’s Hospital of Pittsburgh of UPMC Shadow Program.

The purpose of this Shadow Program is to broaden an individual’s understanding of a particular career by observing an experienced, competent mentor while he or she performs jobs duties and responsibilities within the work environment. In general, the shadow experience will last for three or less days.

I understand that in order to participate in the Shadow Program, my child will need to provide medical documentation confirming tuberculosis (TB) testing within the past twelve (12) months and a signed Confidentiality Agreement. My child will comply with all rules and regulations of the hospital while in this program. We understand that failure to comply with the hospital’s rules will result in immediate removal from the Shadow Program.

I hereby release and discharge Children’s Hospital of Pittsburgh of UPMC HS, its agents, servants, and employees, and persons, firms or corporations contracting with, or acting on behalf, of these groups, with respect to the activities of the Shadow Program as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child’s participation in the activities of the Shadow Program.

Legal Guardian (sign)

Date

Shadow Program Participant (sign)

Date