NEWTOWN HIGH SCHOOL

CAREER SHADOW ABSENCE FORM

I give permission for my son/daughter, _____, to participate in the

Career Shadow Program on _____ with _____
(Date) (Shadow Volunteer)
of _____.
(Business or Organization)

_____ _____
Student's Address Home Phone

_____ _____
Work Phone – Parent/Guardian Emergency #

I understand that I am responsible for my child's transportation to and from the Career Shadow site.

Parent/Guardian Signature _____ Date _____

HEALTH INFORMATION

If your child has any special medical needs we need to be aware of, please indicate below:

_____

_____

Physician's Name _____ Phone _____