



To be considered for this program please also attach your resume and a cover letter, along with the below forms into one PDF and email it to tyeoc2019@gmail.com

Attached:

Initial to

Confirm Documents

Attached

- | | |
|--|-------|
| 1. Parent/ Legal Guardian Form | _____ |
| 2. Medical Release Form | _____ |
| 3. Ride Share Pick up information | _____ |
| 4. Resume | _____ |
| 5. Cover Letter for each company being applied for | _____ |

This Parent/ Legal Guardian Form, Medical Release Form and the Ride Share Pick up information is required for your visit to one or more of the Shadow Day Events.

Parental Consent and Release Form

FOR MINOR: I, [Parent/Guardian Name] _____ give my consent for my minor child [Student's First & Last Name] _____ to participate in the Shadow Days listed below:

FOR ADULT: I, (Student over 18) _____ agree to participate in the Shadow Days listed below:

	Date	Initial
1. Company A on MM/DD/YYYY	_____	_____
2. Company B on MM/DD/YYYY	_____	_____
3. Company C on MM/DD/YYYY	_____	_____
4. Company D on MM/DD/YYYY	_____	_____
5. etc.		

I understand that the activity/event is organized by TiE SouthCoast and the TYE Summer Shadow Day Program and all associated companies.

I acknowledge that there are certain risks involved in participating in this activity/event, which may include but are not limited to physical injury, emotional distress, and property damage. I certify that my child is in good physical and mental health and is capable of participating in this activity/event. I agree to assume all risks associated with this activity/event, and I release the TIE SouthCoast and the TYE Summer Shadow Day Program and all associated individuals and companies from any liability arising from my child's participation in the activity/event.

I also authorize the TIE SouthCoast and TYE Summer Shadow Day Program and all associated individuals and companies to seek medical attention for my child in the event of an emergency, and I understand that I will be responsible for any associated medical costs. I agree to provide TIE SouthCoast and TYE Summer Shadow Day Program and all associated companies with all relevant medical information about my child, including any allergies, medications, or pre-existing medical conditions in the below attached sheet..

I understand that the TYE Summer Shadow Day Program and all associated companies may use photographs, video footage, or other media of my child taken during the activity/event for promotional or educational purposes, and I give my consent for such use.

I certify that I am the legal guardian and that I have the authority to sign this consent and release form on behalf of my child. I understand that this consent and release form is binding and enforceable, and that it will remain in effect for the duration of the activity/event.

Signatures on the next page

Signed: _____

(Parent/Guardian Signature or Adult Student over 18 years)

Date: _____

Signed: _____

(Student Signature)

Date: _____

Furthermore, [TiE South Coast Orange County] will not sell, share, or disclose any information entered into this form to any third parties for marketing or other non TYE Summer Shadow Day Program related purposes without obtaining your explicit written consent, unless required by law.

MINORS: RIDESHARE/ PICK UP INFORMATION:

1)-Are you over 18? If not please fill in the below

- Who will be picking you up?: _____
- Relationship to you: _____
- First & Last Name: _____
- Parent Signature: _____

Medical Information Form

Date of Birth: _____

Grade: _____

Name of School: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical Conditions:

Please list any medical conditions that the student has, such as asthma, allergies, diabetes, seizures, heart condition, etc.

Medications:

Please list any medications that the student is taking, including over-the-counter medications and supplements.

Allergies:

Please list any allergies that the student has, including food allergies, insect allergies, medication allergies, etc.

Immunizations:

I certify that Student has received two doses of the COVID-19 vaccine.

First Dose _____ (Date) Brand _____ Lot#

Second Dose _____ (Date) Brand _____ Lot#

Other Health Concerns:

Please list any other health concerns or special needs that the student has that may affect their participation in the educational activity.

Physician Information:

Please provide the name and contact information of the student's physician.

Name: _____

Phone Number: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

More information on the next page

This Medical Release Form is designed to facilitate the exchange of pertinent medical information between the undersigned patient and [TiE South Coast Orange County and the Shadow Day Companies being visited. In compliance with the Health Insurance Portability and Accountability Act (HIPAA) and its Privacy Rule, we hereby confirm that any information entered into this form will be treated with the utmost confidentiality and will not be released to any unauthorized parties.

Furthermore, [TiE South Coast Orange County and the Shadow Day Companies will not sell, share, or disclose any information entered into this form to any third parties for marketing or other non-healthcare-related purposes without obtaining your explicit written consent, unless required by law.