





**If under 18 years of age, parent or guardian must complete:**

I, the undersigned, herewith consent that \_\_\_\_\_ may observe at the health care facility assigned for a job shadowing experience, and I expressly release that institution from any and all claims which arise out of the observation experience.

X

\_\_\_\_\_  
Parent of Applicant, sign and date

**Details of the TriHealth Team Member/Affiliated Healthcare Provider You Wish to Shadow**

*Note: omitting any information requested will result in approval delays*

Name and role/title of individual: \_\_\_\_\_

Location:

\_\_\_ Bethesda North Hospital; unit/department: \_\_\_\_\_

\_\_\_ Good Samaritan Hospital; unit/department: \_\_\_\_\_

\_\_\_ Provider Office; name & location: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Name of unit/department Manager or Practice Administrator: \_\_\_\_\_

Number of hours requested for shadowing: \_\_\_\_\_ Tentative Date Scheduled: \_\_\_\_\_

*(note: date scheduled is contingent upon review of required items and approval; please allow at least 2 weeks from date of submission of all shadowing application requirements)*

**Submitting Application and Additional Documentation**

**Save the completed application to your computer and email it with the documents listed below to [job\\_shadows@trihealth.com](mailto:job_shadows@trihealth.com)**

- ✓ Signed Risk and Release Form
- ✓ Permission to Treat Minors Form (if applicable to age), signed by parent/guardian
- ✓ Immunization records/proof of vaccination
- ✓ Documentation of negative TB results
- ✓ ELearn certificate

(Specific forms may be found at <https://www.trihealth.com/research-and-education/education/job-shadowing>, as well as the **Job Shadow Instructions** document with more details about required health documentation, Elearning, etc.)