

*Form to be completed prior to an observation experience by students less than 18 years of age.

Minor Observation Parent/Guardian Signature Form

We understand and have read the policies, procedures, and expectations for Mayo Clinic Health System Student Experience. We especially are aware of the confidentiality requirements that must be adhered to while working with Mayo Clinic Health System patients, visitors and information. This confidentiality requirement is indefinite after the observation experience is completed. We have discussed the importance of these expectations together as parent/guardian and child, and agree to adhere to the expectations.

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

I authorize my son/daughter to participate in this observational experience. Neither Mayo Clinic Health System nor its staff shall be held responsible for adverse occurrences and/or outcomes as a result of this observational experience. Should my child need medical attention during and/or as a result of this job shadowing experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release the facility of all liability.

Parent/Guardian Signature: _____

Date: _____