

**Career Day Confidentiality
Agreement and Acknowledgement
Value Drug Form**

By signing this agreement, I acknowledge that I may have access to confidential information concerning business and operational activities during the course of my job shadowing experience.

I agree that I will not discuss, relay or deliver and/or communicate in any way any confidential information to any person or entity. I will not disclose any confidential information gained during my experience to any person, in any form, including verbal, written or online through social media.

I voluntarily assume all risks of illness and injury associated with my Career Day experience.

Confidentiality/Release:

Confidentiality of patient information must be foremost in everyone's mind. I understand that I must not discuss anything I see or hear during my Career Day experience with others.

Student's Name _____

Student's Address _____

Emergency Contact _____

Phone _____

School District _____

Grade Level _____

School Contact _____

Phone _____

Employee Mentor _____

Student's Signature

Date

If minor, Parent/Guardian Signature Required

Date

Parent/Guardian Print Name