



12 For Life Work Consent Form

Student Information

Shoe Size _____ School _____ Date _____

Student's First _____ Middle Initial _____ Last _____

Home Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Age _____ Grade _____ Birthday: (Mo) _____ (Day) _____ Year _____

Email address: _____

Health Concerns: _____

Parent Information

Parent/Guardian Name: _____

Parent Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Parent Phone: _____ Work Phone: _____

Did you graduate from high school? _____

Did your parents graduate from high school? _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Guardian Consent

As parent/guardian of the student named on this form, or the below named individual if 18 years old, I grant authority to seek emergency medical treatment necessary for this student. I agree to be financially responsible for charges of the hospital and physician made pursuant to the exercise of this authority. I am stating that the student listed has no health concerns that would hinder job performance. I agree to release photo/video information as related to this employment and consent to employment-related drug screening for any of the following reasons: reasonable suspicion, random and post-accident testing. I also understand that I must have a valid driver's license and insurance on my car if I drive to work or work-related activities. I also give permission for the above-named student to be transported by bus for school, work, or field trips with 12 For Life, or permission to drive to these functions. I understand that the above-named student will be employed by Southwire and work at a Southwire facility. **If my student is hired, I understand that absences for any reason during orientation and the first week of work will result in loss of employment.**

Guardian's Printed Name

Guardian's Signature

Date