



Children's Hospital
New Orleans
LCMC Health

Career Shadowing Agreement During COVID-19 & Waiver of Liability

I understand the potential risk involved in career shadowing at Children's Hospital during the COVID-19 (Corona Virus) pandemic. I understand that I am at greater risk if I am over 60 years old and/or have a pre-existing medical condition. I acknowledge and agree that Children's Hospital is not responsible for my potential exposure to COVID-19, or my contraction of COVID-19, while serving as a career shadowing student.

I have been instructed about the additional safety guidelines (temperature check, social distancing, masking, and hand sanitizing) that have been put into place at Children's Hospital and will practice these at all times and in all places during my career shadowing shift.

I will only come to shadow if I am feeling 100% well.

I will advise the volunteer office by phone if I experience any symptoms of illness such as fever, cough, shortness of breath, or loss of taste/smell or if I have been diagnosed with COVID-19.

I will advise the volunteer office by phone if I am exposed to any individual who has a confirmed or suspected case of COVID-19 or who has exhibited symptoms of illness.

In the case of a potential or known exposure, or a positive test for COVID-19, I will self-quarantine at home for fourteen (14) days and will not be able to shadow. Upon my return, I will visit Employee Health for a release to return to service.

I will notify the volunteer office if I intend to travel internationally.

I am following recommended guidelines as much as possible even when not at Children's Hospital, including, without limitation, practicing social distancing by participating in group activities of fewer than ten (10) people, trying to maintain separation of six (6) feet from others, and otherwise limiting my exposure to the coronavirus by wearing a mask in public.

I have been given the opportunity to ask questions and have those questions answered to my satisfaction.

Please print and sign your name below agreeing to the above statements.

Career Shadowing Students Name (print)

Career Shadowing Students Signature

Date

Career Shadowing Parent/Guardian's Name (print) and Signature

Date