



12 For Life Work Consent Form

Student Information

Student's First Name _____ MI _____ Last Name _____ Date: _____

Social Security Number _____ - _____ - _____ (Please be Neat!) Shoe Size _____

Home Address _____ City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Name of High School _____ Age _____ Grade _____ Birthday: (Mo) _____ (Day) _____ Year _____

Email address (The email that you check): _____

Health Concerns/Allergies: _____

Medications on Continuous Basis: _____

Parent Information

Parent/Guardian #1 Name: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent Address: (if different from above) _____

City: _____ State: _____ Zip: _____

Emergency Contacts

Please list names of individuals who should be contacted in case of an emergency and may pick up your child from 12 for Life. **In the case of an emergency, your child will only be released to individuals listed below.**

Name	Cell Phone	Email
1.		
2.		
3.		
4.		

Guardian/Student Consent

As parent/guardian of the student named on this form, or the below named individual if 18 years old, I grant authority, understand, and/or agree to the following requirements.

1. I agree to be financially responsible for charges of the hospital and physician made pursuant to the exercise of this authority.

Parent Initials

Student Initials

2. I am stating that the student listed has no health concerns that would hinder job performance such as lifting 45 pounds, and standing for 4-hour work shift

Parent Initials

Student Initials

3. I agree to release photo/video information as related to this employment.

Parent Initials

Student Initials

4. I consent to employment-related drug screening for any of the following reasons:

*Pre-employment

*Drug screen for reasonable suspicion

*Random drug screenings

*Post-accident drug screenings

Parent Initials

Student Initials

5. Parents, guardians, and students understand that if the student drives to 12-for-Life and/or school activities, students must have a valid driver's license and insurance on my car.

Parent Initials

Student Initials

6. 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.

Parent Initials

Student Initials

7. I understand that the above-named student will be employed by Southwire and work at a Southwire facility.

Parent Initials

Student Initials

8. I understand that If my student is hired, that absences for any reason during Onboarding and the first week of work will result in loss of employment.

Parent Initials

Student Initials

Date: _____

Parent/Guardian's Printed Name

Guardian's Signature

Student's Printed Name

Student's Signature