



**Health Care Coalition of Lafayette County**  
**DBA Health Care Collaborative of Rural Missouri**  
825 South Business Highway 13, Lexington, MO 64067 660-259-2440  
**DBA Live Well Community Health Centers**  
324 S. Hudson, St., P.O. Box 512, Buckner, MO 64016 816-249-1521  
300 E. 9<sup>th</sup> St., Carrollton, MO 64633 660-329-9005  
206 N. Bismark, Concordia, MO 64020 660-463-0234  
608 Missouri St., Waverly, MO 64096 660-493-2262



## LEGAL GUARDIAN CONSENT

As the parent/legal guardian of \_\_\_\_\_, a student at \_\_\_\_\_, I understand that my child will participate in job shadowing at Health Care Collaborative of Rural Missouri/Live Well Community Health Center. During this job shadowing experience, my child will receive information and education about healthcare that is provided in a rural community.

HCC/LWCHC is not liable for any accidents that happen during the job shadowing experience. Anything that the student sees/hears, that pertains to a specific patient at HCC/LWCHC should be kept confidential. This is stated in the handbook and the confidentiality agreement that was provided to the student before the job shadowing experience occurred.

- ☐ I give my permission to have my child job shadow at HCC/LWCHC.
- ☐ I **DO NOT** give my permission to have my child job shadow at HCC/LWCHC.

Please sign and print your name below to give consent for your child to job shadow at HCC/LWCHC.

\_\_\_\_\_  
**Legal Guardian/Parent Signature**

\_\_\_\_\_  
**Legal Guardian/Parent Printed Name**

\_\_\_\_\_  
**Date**

