

We need your consent

To be completed and signed by a parent/guardian and student, then returned to the school.

To the Parent/Guardian: Your child has the right and responsibility to have a safe and educational workplace visit. Health and Safety education is an important element of this program. Review this form with your child and sign below. If you have additional questions about safety, contact the school or the workplace.

Student's name: Teacher's name:.....

My child has my permission to participate in this program.

My child may be photographed, interviewed or videotaped on Take Our Kids to Work Day by the workplace or by The Learning Partnership for the purpose of promotion, advertising and public relations purposes related to Take Our Kids to Work Day.

The workplace is aware that my child will be visiting on Wednesday, November 14, 2018, between the hours of _____ and _____. We have discussed lunch arrangements and appropriate clothing/safety attire.

Parent's name: Workplace name:

Telephone:

Address:.....

OR

My child will accompany a: (check one)

- relative
- friend
- community host

Contact's name: Telephone:

Workplace name:.....

A colleague at my workplace would be willing to host another student in need of a placement.

Colleague's name: Telephone:

Elements of risk

All experiential learning programs, such as field trips, cooperative education, job shadowing and Take Our Kids to Work participation, involve certain elements of risk. Injuries may occur while participating in this activity without any fault of the student, the school board, or the host employer. By allowing your child to take part in this activity, you are accepting the risk that your child may be injured.

I understand that there are risks associated with my child visiting a workplace and I have reviewed the elements of risk section above with my child.

Parent/Guardian signature: Date:.....

Student signature: Date:.....