



REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Staff Organizer(s): Guidance Counsellors (& Other School Staff)

Grade(s): 9

Date/Time of Departure from School: Wednesday November 6th, 2019.

Date/Time of Return to School: Wednesday November 6th, 2019.

Destination: Take Our Kids To Work Day Placement

Method of Travel: Will vary

Physical Description of the Area to be Visited: Will be dependent on the job site the student has chosen

Activities to be Undertaken: TOKTW employers will determine tasks & activities appropriate for students

Educational Purpose: Students will explore various careers & reflect on future pathway planning

Total Cost per student: Not applicable

Prior to the school trip, there will be classroom time devoted to establishing safety procedures.

ELEMENTS OF RISK

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

X _____

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

Staff Organizer Signature: [Signature] Principal Signature: [Signature]
If over 18 years old

PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

I give I do not give _____ permission to participate in
(Name of Student)

Grade 9 Take Our Kids to Work Day Event to be held at _____.

Parent/Guardian Signature: _____ Date: _____

**PLEASE FILL OUT BELOW TO BE RETURNED WITH ACKNOWLEDGEMENT/PERMISSION FORM
(To be completed by Parents/Students in Grades 7 – 12)**

EXPECTATIONS OF STUDENTS

The student who participates on a school excursion:

- is responsible to the staff organizer from departure to return to the school.
- is subject to all school rules and consequences during trips.
- must follow specific excursion rules developed by the staff organizer, approved by the Principal and communicated to students and parent/guardian(s) prior to the excursion.
- must understand that students who do not observe rules on excursions may be sent home (with parent contact and at parent cost), denied further participation in this activity, prohibited from any or all school excursions and extra-curricular activities for a period of time, and suspended as per school policy or charged by the police if criminal activity is involved.
- must know that alcohol and non-prescription drugs are forbidden; any contravention may be dealt with by the police at the scene. Students of legal drinking age are not exceptions to the rule against alcohol on school excursions.
- may not leave the school group without the permission of the staff organizer.
- is responsible for any school and course work missed.

I understand the expectations of students on this excursion.

Student Signature: _____

Date: _____

- I consent to the participation of my son/daughter/ward in the activity outlined on this form, and
- I give consent to the teacher-supervisor to seek emergency medical care for my child/ward if needed and I understand that the school will contact me as soon as possible in cases of medical or other emergency.

Parent/Guardian Signature: _____

Date: _____

We need your consent

To be filled out and signed by a parent or 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 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 related to Take Our Kids to Work Day.

My workplace is aware that I am bringing my child to work on Wednesday, November 6, 2019, 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. For more information see the recommendations for Workplace Health & Safety at thelearningpartnership.ca.

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:.....

To learn more about any of the initiatives mentioned in this guide, or to download Take Our Kids to Work Day resources, visit our website: thelearningpartnership.ca