We need your consent

To be filled out and signed by the 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 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 this day.
- ❑ My workplace is aware that I am bringing my child to work on Wednesday, Nov. 7, 2012 between the hours of _____ and _____ . We have discussed lunch arrangements and appropriate clothing/safety attire.

Parent's name: _____ Telephone: _____

Workplace name: _____

Address: _____

OR

My child will accompany a: (check one)

❑ **relative** ❑ **friend** ❑ **community host**

to their workplace on Wednesday, Nov. 7, 2012 between the hours of _____ and _____. We have discussed lunch arrangements and appropriate clothing/safety attire for this particular workplace.

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 www.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* resources, visit our website, www.thelearningpartnership.ca.