

Take Our Kids to Work Day™ Parent/Guardian Consent Form - November 1, 2023

To be completed 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 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 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 1, 2023 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:

OR

- My child has my permission to participate from home in the virtual Take Our Kids to Work Day event on Nov. 1, 2023, hosted by Students Commission of Canada.
- I have received and reviewed the Take Our Kids to Work Day virtual agenda with my child.

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 risks with my child.

Parent/Guardian signature: Date:

Student signature: Date:

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