

TO BE RETURNED TO YOUR PE TEACHER BY TUESDAY, OCTOBER 28, 2016

# CONSENT FORM



October 14, 2016

Dear Parents and Workplace Hosts,

Students know one day they will become part of the world of work. **Take Our Kids to Work** gives grade nine students the opportunity to glance into this world, to gain respect for the contributions people make, and to strengthen the bonds between parents, students, and the community. In the process, young people can discover the links between education and their own futures in a practical way.

**Take Our Kids to Work** is timed to coincide with Canada Career Week. Although **Take Our Kids to Work** is a one-day event, it offers many potential benefits as students prepare and think back on it:

1. Before their workplace visit, they consider the importance of work in our lives and in our society.
2. On the job, their view of the work adults do becomes sharper; they gain understanding and appreciation of the challenges people face daily along with the achievements they accomplish.
3. After the event, the positive effects of seeing the workplace and their parent/host in a new way may have lasting effects. In addition, students begin to think about the choices they will have to make and the path they must follow to meet career goals.

The national initiative of **Take Our Kids to Work** is scheduled for:

**Wednesday, November 2, 2016.**

We hope you will be able to arrange for your son/daughter to accompany you to your place of employment for the entire day. Students are expected to interview other employees to answer questions about the workplace. Please read and complete the accompanying forms and return them to the students PE teacher no later than **Friday, October 28, 2016.**

Please feel free to contact the school if you have any concerns about the program, or check the website at [www.takeourkidstowork.ca](http://www.takeourkidstowork.ca) and look for TOKW resources.

Student Name: \_\_\_\_\_

Class: \_\_\_\_



## Ardrossan Jr. Sr. – Take Our Kids to Work™ Student Agreement

The *Take Our Kids to Work™* program was implemented by The Learning Partnership in 1994. Since that time, more than 2 million students and 75,000 workplaces have participated in the program. The Learning Partnership is a not-for-profit organization dedicated to providing innovative programs for students in publicly funded education across Canada. Its mission is to nurture partnerships among schools, businesses, and communities devoted to strengthening our publicly funded school system; to encourage adults to share their ideas, talents, and resources with students; and to create learning opportunities that young people will find challenging and exciting.

### **PART A: Student Agreement**

Fill in the information below and discuss it with your parent/guardian and your host **before** your workplace visit.

Obtain all of the required signatures and return completed forms A, B and C to your PE teacher by **Friday, October 28, 2016**.

1. I would like to investigate an occupation on *Take Our Kids to Work™* Day, November 2, 2016. For this “**observation**” experience, I agree to:
  - Arrive at the workplace at the specified time
  - Follow the travel arrangements to and from the site as agreed upon with my parent/guardian
  - Abide by all the rules at the workplace
  - Follow the directions of my workplace host and any other on-site supervisors
  - Stay at the workplace until the specified time
  - Refrain from operating any equipment, tools or machinery.
  
2. a) I will need the following personal protection equipment for the day:  
\_\_\_\_\_  
\_\_\_\_\_
  
- b) I will get this equipment from: \_\_\_\_\_
  
3. I have discussed potential safety hazards with my workplace host  
(Name of Host) \_\_\_\_\_ and understand what is expected of me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Ardrossan Jr. Sr.– Take Our Kids to Work™

### Parent/Guardian Consent

#### **PART B: Parent/Guardian Consent**

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 and the information in the Student Agreement Form with your child and sign below. If you have additional questions about safety, contact Rod Leatherdale at Ardrossan Junior High School Ph: 780-922-2228 or [rod.leatherdale@eips.ca](mailto:rod.leatherdale@eips.ca) or contact the workplace.

Please 'X' the appropriate boxes. Select 'Yes' or 'No' for each statement

- Yes    No   My child \_\_\_\_\_ has my permission to participate in *Take Our Kids to Work™* Day on November 2, 2016. I understand there are risks associated with my child visiting a workplace.
- Yes    No   My child will accompany me to work on November 2, 2016 at \_\_\_\_\_.
- Yes    No   My child will accompany a relative, neighbour, or friend at \_\_\_\_\_.
- Yes    No   My child may participate but I am unable to have my child accompany me. My child has permission to participate if a suitable placement can be arranged.
- Yes    No   I have reviewed the Elements of Risk section below with my child.
- Yes    No   A colleague at my workplace would be willing to host another student.  
Colleague's Name: \_\_\_\_\_ Tel #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
- Yes    No   My child may be photographed, interviewed or videotaped on this day.
- Yes    No   My child has my permission to participate in this program. In the event that my child does not abide by the workplace rules related to the zero tolerance policy for safety, I can be reached at (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ and I will be responsible for ensuring my child gets home safely, at my expense.

#### Elements of Risk:

All experiential learning programs, such as field trips, cooperative education, job shadowing and *Take Our Kids to Work™*, involve certain elements of risk. This is an "**observation only**" experience. 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](http://www.thelearningpartnership.ca)  
**Look under Resources at [www.takeourkidstowork.ca](http://www.takeourkidstowork.ca) to find additional TOKW Resources for Parents.**

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_



## Ardrossan Junior High – *Take Our Kids to Work*<sup>TM</sup> Workplace Agreement

### **PART C: Workplace Agreement**

To the Workplace Host:

This is an **observation only** experience on November 2, 2016. Students are not to perform any tasks in relation to equipment, machinery or tools. The workplace must offer a **safety orientation** discussion with the student and provide direct supervision of the student while on-site. Discuss your expectations for the day with the student you will be hosting. Complete the following information and sign below. This agreement must be returned to Ardrossan Jr. Sr. High School with Parts A and B by **Friday, October 28, 2016**.

**Workplace Host Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

Relationship to student:

- Parent/Guardian       Relative       Neighbour  
 Friend       Other Workplace Representative

Place of Employment: (Company or Organization) : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The student should bring a lunch.       Yes       No

If the student is unable to complete the day as planned because of illness or for other reasons, I will contact the school @ 780-922-2228. I will also ensure that the child will remain supervised until appropriate arrangements can be made.

My company is willing to provide a placement for \_\_\_\_\_ additional grade 9 students.

I agree to provide a safety orientation for all participating students and to ensure that they are properly supervised during the day. I understand that students are not permitted to operate any motorized vehicles, tools or equipment. For more information see the recommendations for Workplace Health & Safety at [www.thelearningpartnership.ca](http://www.thelearningpartnership.ca).

**Look under Resources at [www.takeourkidstowork.ca](http://www.takeourkidstowork.ca) to find TOKW Resources for Workplaces.**

**Workplace Supervisor Name** (printed): \_\_\_\_\_

Workplace Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Liability Statement:** A student must be treated with identical care to that of any visitor to an employer's premises. Employers must take reasonable care to ensure that their premises are safe for the visitor. Employers may be liable for damages if a student is injured while on their premises. It is recommended that employers have appropriate liability insurance in place and that they consult their insurance providers in this regard.