## TAKE OUR KIDS TO WORK DAY PARENT/GUARDIAN CONSENT FORM

To be completed and signed by a parent/guardian AND student, then returned to the school's main office by Friday November 1 2024.

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 any safety concerns that the workplace may have with your child. If you have additional questions about safety, contact the school or the workplace.

Student's name:					
My child has my permission to pa	articipate in this program.  aphs on Take Our Kids to Work Day for the purpose of promotion, advertising				
and public relations related to the					
•	my child will be visiting on Wednesday, November 6 2024, between the We have discussed lunch arrangements and appropriate				
<b>.</b>	Workplace name:				
Telephone:					
Address:					
OR					
My child will accompany a: (check	c one)				
Relative Friend	community host				
Contact's name:	Workplace name				
Telephone:					
A colleague at my workplace	would be willing to host another student in need of a placement.				
Colleague's name	Telephone:				
Element of Risk	×				
to Work participation, involve cer without any fault of the student,	s, such as field trips, cooperative eduction, job shadowing and Take Your Kids tain elements of risk. Injuries may occur while participating in the activity the school board, or the host employer. By allowing your child to take part in e risk that your child may be injured.				
I understand that there are risks a elements of risks with my child.	associated with my child visiting the workplace and I have reviewed the				
Parent/Guardian signature:	Date:				
Student signature:					