

Take Our Kids to Work



Parent Guide

Nov 2, 2016 Take Our Kids to Work Day

Step into your future for a day! I want to be ...

a welder

a game designer a judge

a chemist



Special thanks to our National Program Partner:









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™ Take Our Kids to Work is a trademark of The Learning Partnership Canada.

To learn more about Take Our Kids to Work resources visit thelearningpartnership.ca/TOKW

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 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 or by The Learnir Partnership for the purpose of promotion, advertising and public relations purposes related to the Take Our Kids to Work™ program.	
	y child to work on Wednesday, November 2, 2016, between the hours of
and We have discu	ssed lunch arrangements and appropriate clothing/safety attire.
Parent's name:	Telephone:
Workplace name:	
Address:	
OR	
My child will accompany a: (check one)	
☐ relative ☐ friend ☐ commun	ity host
to their workplace on Wednesday, November 2	, 2016, 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	ng to host another student in need of a placement.
Colleague's name:	Telephone:
Elements of risk	
involve certain elements of risk. Injuries may occur w	s, cooperative education, job shadowing and <i>Take Our Kids to Work</i> ™ participation, hile participating in this activity without any fault of the student, the school board, tin this activity, you are accepting the risk that your child may be injured.
For more information see the recommendations for	Norkplace Health & Safety at thelearningpartnership.ca.
I understand that there are risks associated above with my child.	with my child visiting a workplace and I have reviewed the <i>Elements of risk</i> section
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: **thelearningpartnership.ca**

