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| **Take Our Kids to Work Day – Wednesday, November 2, 2016**  **Overview**  *Take Our Kids to Work Day* is an annual national event in which Grade 9 students are hosted by parents, friends, relatives, and volunteers at workplaces across the country. The program supports career development by helping students connect school, the world of work, and their own futures. Today, students across the country from British Columbia to Newfoundland participate in the program.  This year’s *Take Our Kids to Work Day* will occur on Wednesday, November 2. Students are encouraged to participate in the program as it is considered invaluable experience. Students not participating in the program on this day are expected to attend their regular classes. Alternative assignments will be provided.  **Participation**  In order to participate in *Take Our Kids to Work Day*, your child must **complete and return the attached consent form to the office by Friday, October 14, 2016.**  If you have any questions about *Take Our Kids to Work Day*, please feel free to contact me by email or call the main office at (604-903-3555). You may also visit *http://www.thelearningpartnership.ca* for additional information.  Sincerely,  Jennifer Elkan  Counsellor  Email: jelkan@sd44.ca |

**Take Our Kids to Work Day: Wednesday, November 2, 2016**

**Consent Form**

**To be filled out and signed by a parent/guardian and student, then returned to the main office by October 14.**

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 this event, please contact Jennifer Elkan at jelkan*@sd44.ca*.

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ My child has my permission to participate in this event and will accompany me to work on November 2, 2016.

OR

❑ My child will accompany a relative, friend, or community host to their workplace on November 2, 2016. We   
 have discussed lunch arrangements and appropriate clothing/safety attire for this particular workplace.

OR

❑ My child will not be participating in this event and will attend his/her regular classes on November 2, 2016.

Parent/guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Workplace contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Workplace name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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 event without any fault of the student, the school board, or the host employer. By allowing your child to take part in this event, you are acknowledging the risks associated with your child visiting a workplace.

For more information see the recommendations for Workplace Health & Safety at *www.thelearningpartnership.ca*.

**Consent**

❑ My workplace is aware that I am bringing my child to work on *Wednesday November 2, 2016* between the hours of \_\_\_\_\_\_\_  
 and \_\_\_\_\_\_\_\_\_. We have discussed lunch arrangements and appropriate clothing/safety attire.

❑ 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form to the office by October 14, 2016***