

Part C: VOLUNTEER HOST AGREEMENT
(e.g. relative, friend or neighbour)

To be completed and signed by the participating volunteer host
(For those students attending another workplace other than their parents' workplace.)

Discuss your expectations for the day with the student you will be hosting and your immediate supervisor prior to the visit and sign below.

Name: _____

Occupation: _____

Relationship: relative neighbour friend other

Employer: _____

Address: _____

Phone Number: _____

Fax Number: _____

The student will be present at my workplace between the hours of ____ (am) and ____ (pm) on Wednesday, November 2, 2011.

The student should bring a lunch? Yes No

The student will require the following safety equipment:

safety boots not applicable

safety glasses not applicable

hard hat not applicable

other _____

They will get this equipment from: _____

not applicable

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

I (host) 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 vehicle or equipment, including but not limited to automobiles, motorcycles, forklifts, snow vehicles, watercraft or all-terrain vehicles.

Volunteer Host Name (print): _____

Volunteer Host Signature: _____

Date: _____

Take Our Kids to Work™ Day

Wednesday, November 2, 2011

PERMISSION FORM

STUDENT: _____

TEACHER: _____

SCHOOL: _____



Part A: STUDENT AGREEMENT

To be completed and signed by the participating student

Fill in the information below and discuss it with your parent/guardian and/or volunteer host before your workplace visit. Obtain all the required signatures and return the completed form to your teacher by: _____

A. I would like to participate in Take Our Kids to Work™ day on Wednesday, November 2, 2011.

The workplace I will be at is: _____

I have discussed information related to this workplace with my parent/guardian and agree to the following:

- arrive at specified time
- follow the travel arrangements to and from the site agreed to with my parent/guardian
- abide by the rules of the workplace
- follow the directions of my workplace host and any other on-site supervisor
- stay at the workplace until the specified time

B. I will need the following personal protective equipment for the day:

- | | |
|---|---|
| <input type="checkbox"/> safety boots | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> safety glasses | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> hard hat | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> other _____ | |

I will get this equipment from: _____

not applicable

C. I have discussed potential safety hazards with my parent/guardian and understand what is expected of me.

Student Name, first and last (print): _____

Student Date-of-birth and age (print): _____

(There are minimum age requirements for working in Ontario. Visit <http://www.worksmartontario.gov.on.ca> for details.)

Student Signature: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____

Part B: PARENT/GUARDIAN CONSENT

To be completed and signed by the participating 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 the Take Our Kids to Work™ program. Review this form and the information in Part A -- Student Agreement with your child and sign below. If you have additional questions about safety or any other issue, contact your child's school or the workplace.

Please choose ONE of the following options:

- 1. My child will accompany me to work on Wednesday, November 2, 2011 from ____ (am) to ____ (pm) at _____ (name of employer).
- 2. My child will accompany a volunteer host (relative, friend or neighbour) on Wednesday, November 2, 2011 from ____ (am) to ____ (pm) at _____ (name of employer). This person _____ (name of volunteer host) MUST complete PART C of this form.
- 3. I do not want my child to participate in this program. They will attend school on Wednesday, November 2, 2011.

In the event my child does not abide by the workplace rules related to the zero tolerance policy for safety. I can be reached at _____ (day phone) and I will be responsible for ensuring that my child gets home safely, at my expense.

Elements of Risk

All experiential learning programs, such as field trips, co-operative education, job shadowing and Take Our Kids to Work™ day 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. See the Expert Safety Panel's recommendations for the Workplace Health and Safety on the Learning Partnership's website at www.thelearningpartnership.ca.

I have reviewed the Elements of Risk with my child.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____