

# Take Your Kids to Work Day 2016

We Need Your Consent for Participation in the Take Your Child to Work Day at As-Sadiq Islamic School.

This form is to be filled out and signed by the 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:	
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- My child has my permission to participate in this program.
- My child may be photographed, interviewed or videotaped on this day.
- My workplace is aware that I am bringing my child to work on Wednesday November 4th, 2015 between the hours of \_\_\_\_\_ and \_\_\_\_\_. We have discussed lunch arrangements and the appropriate clothing/safety attire.

Parent's Name:		Telephone:	
Workplace Name:			
Address:			

**OR**

My child will accompany a (check one):  Relative  Friend  Community Host  
to their workplace on Wednesday November 4th, 2015 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:			
Address:			

- A colleague at my workplace would be willing to host another student in need of a placement.

Colleague's Name:		Telephone:	
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## 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 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).

- 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: \_\_\_\_\_