Take Our Kids to Work Day™ Parent/Guardian Consent Form

To be completed 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 i	name:	•••••		Teacher's nam	e:	•••••	
My child ha	as my permis	sion to partic	ipate in this progra	ım.			
-	the purpose		d, interviewed or vi , advertising and pu	-			•
	•		my child will be vis 'e have discussed l		•		
Parent's na	ame:			Workplace nan	ne:		
Telephone	•			····			
Address:					•••••		
OR							
My child w	ill accompan	y a: (check or	ne)				
☐ rela	ative \Box] friend	☐ community ho	st			
Contact's i	name:			Telephone:			
Workplace	e name:						
□Ас	olleague at m	ny workplace v	would be willing to	host another stud	lent in need of a p	placement.	
Colleague'	's name:			Telephone:			
Elements	of risk						
Work parti any fault o	icipation, inv	olve certain e t, the school b	uch as field trips, c lements of risk. Inj poard, or the host e child may be injure	uries may occur w mployer. By allow	vhile participatin	ıg in this activity w	ithout
l understa risks with		are risks ass	ociated with my ch	ild visiting a work	place and I have	reviewed the elem	nents of
Parent/Gu	ıardian signa	ture:		Date:			
Student si	gnature:			Date:	•••••		

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