

Take Our Kids to Work

Wednesday November 2,
2016



Dear Parents and Guardians,



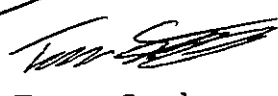


Students know one day they will become part of the world of work. **Take Our Kids to Work** gives grade nine students across Canada the opportunity to glance into this world, to gain respect for the contributions people make, and to strengthen the bonds between parents, students, and the community. In the process, young people can discover the links between education and their own futures in a practical way.

Take Our Kids to Work is timed to coincide with Canada Career Week. Although **Take Our Kids to Work** is a one-day event, it offers many potential benefits as students prepare and think back on it:

1. Before their workplace visit, they consider the importance of work in our lives and in our society. These discussions will take place in Health classes.
2. On the job, their views of the work adults do becomes sharper; they gain understanding and appreciation of the challenges people face daily along with the achievements they accomplish.
3. After the event, the positive effects of seeing the workplace and their parent/host in a new way may have lasting effects. In addition, students begin to think about the choices they will have to make and the path they must follow to meet career goals.

The national initiative of **Take Our Kids to Work** is scheduled for **Wednesday, November 2, 2016**. We hope you will be able to arrange for your son/daughter to accompany you to your place of employment for the entire day. Students are expected to interview other employees to answer any questions they may have about the workplace. Please read and complete the accompanying forms and return them to **the office** no later than **October 28th, 2016**.

Please feel free to contact the school if you have any concerns about the program, or check the website at www.takeourkidstowork.ca and look for TOKW resources.

				
Lonnie Hicks Principal	Wendy Van Drunen Gr 9 PE Teacher	Tanner Stephens Gr 9 PE Teacher	Rod Magee Gr 9 PE Teacher	Tahn Maher Gr 9 PE Teacher

Student Name: _____ Cohort Class: _____

F.R. Haythorne Junior High – Take Our Kids to Work™

PART A: Student Agreement

Fill in the information below and discuss it with your parent/guardian **before** your workplace visit. Obtain all of the required signatures and return completed forms **A, B and C** to the office by **Oct 28th, 2016**.

1. I would like to investigate an occupation on Wednesday, November 2, 2016.

For this “**observation**” experience, I agree to:

- Arrive at the workplace at the specified time.
- Follow the travel arrangements to and from the site as agreed upon with my parent/guardian.
- Abide by all the rules at the workplace.
- Follow the directions of my workplace host and any other on-site supervisors.
- Stay at the workplace until the specified time.
- Refrain from operating any equipment, tools or machinery.

2. a) I will need the following safety equipment:

b) I will get this equipment from: _____

3. I have discussed potential safety hazards with my workplace host

(Name of Host) _____ and I understand what is expected of me.

Student Signature: _____ Date: _____

PART B: Parent/Guardian Consent

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 and the information in the Student Agreement Form with your child and sign below. If you have additional questions about safety, contact your PE teacher at F.R. Haythorne Junior High School Ph: 780-467-3800, or contact the workplace.

Please 'X' the appropriate boxes. Select 'Yes' or 'No' for each statement

- Yes No My child _____ has my permission to participate in *Take Our Kids to Work™* Day on November 2, 2016. I understand there are risks associated with my child visiting a workplace.
- Yes No My child will accompany me to work on November 2, 2016 at _____.
- Yes No My child will accompany a relative, neighbour, or friend at _____.
- Yes No My child may participate but I am unable to have my child accompany me. My child has permission to participate if a suitable placement can be arranged.
- Yes No I have reviewed the Elements of Risk section below with my child.
- Yes No A colleague at my workplace would be willing to host another student.
Colleague's Name: _____ Tel #: (____) ____-____
- Yes No My child may be photographed, interviewed or videotaped on this day.
- Yes No My child has my permission to participate in this program. In the event that my child does not abide by the workplace rules related to the zero tolerance policy for safety, I can be reached at (____) ____-____ and I will be responsible for ensuring my child gets home safely, at my expense.

Elements of Risk:

All experiential learning programs, such as field trips, cooperative education, job shadowing and *Take Our Kids to Work™*, involve certain elements of risk. This is an "**observation only**" experience. 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
Look under Resources at www.takeourkidstowork.ca to find additional TOKW Resources for Parents.

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 Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ Cohort Class: _____

PART C: Workplace Agreement

This is an **observation only** experience on November 2, 2016. Students are not to perform any tasks in relation to equipment, machinery or tools. The workplace must offer a **safety orientation** discussion with the student and provide direct supervision of the student while on-site. Discuss your expectations for the day with the student you will be hosting.

Place of Employment: (Company or Organization): _____

Address: _____

Phone: (____) _____ - _____

Workplace Host Name: _____

Occupation: _____

Relationship to student:

Parent/Guardian

Relative

Neighbour

Friend

Other Workplace Representative

The student should bring a lunch.

Yes

No

If the student is unable to complete the day as planned because of illness or for other reasons, I will contact the school @ 780-467-3800. I will also ensure that the child will remain supervised until appropriate arrangements can be made.

Liability Statement: A student must be treated with identical care to that of any visitor to an employer's premises. Employers must take reasonable care to ensure that their premises are safe for the visitor. Employers may be liable for damages if a student is injured while on their premises. It is recommended that employers have appropriate liability insurance in place and that they consult their insurance providers in this regard.

Return to the office no later than October 28th, 2016.