

**TAKE OUR KIDS TO WORK**  
**Wednesday, November 2, 2022**

Dear Parents/Guardians of Grade 9 Students,

Battle River School Division, in cooperation with The Learning Partnership, business, labour, and the community, is pleased to once again be involved in the **Take Our Kids to Work** initiative.

On **Wednesday, November 2, 2022** grade 9 students from across Canada will go to work with a parent, relative, or adult volunteer. The day's experience provides students with a first-hand look into the working world, prompting early career planning and supporting students to make informed decisions pertaining to their future goals and endeavours.

Students who are unable to accompany a parent, relative, or adult friend to their workplace may be matched, if possible, with a volunteer host. As well, some students may go with a classmate's parent. It is the parent's responsibility to arrange this and ensure the work site is safe. There will be classes conducted at the school for students who are not participating in going to a workplace. This is not a school field trip, but a national program encouraged by BRSD and the school.

Classroom activities before and after the day will help students not only prepare for the experience but also reflect and build on it. Students will gain the background information they may need to further discuss, analyze, and plan for their career interest.

**What Can Parents/Guardians do to Assist?**

1. Please encourage your Grade 9 student to become enthusiastically involved. Complete the accompanying consent form and return to your child's school.
2. Consider allowing a second Grade 9 student to accompany you and your child to work that day.
3. Encourage your place of employment or that of your friends and colleagues to endorse this program and to consider offering an invitation not only to Grade 9 children of employees but to other Grade 9 students who could benefit from the experience. It is the responsibility of the parent to arrange permission from workplace supervisors to have a student accompany the parents, a relative or a friend. *(Not all workplaces will give their permission.)*
4. Ensure the workplace your child will be at is a safe environment. Students are not covered by Alberta Worker's Compensation. Consider these recommendations:

- On the day, hold a workplace orientation with the student(s) that focus on health and safety issues relevant to that environment. Your employer may have a visitor orientation process that will be applicable.
- Students should only be allowed to undertake tasks and experiences for which they have been properly oriented.
- Students should not be allowed to drive vehicles, any resulting damage to the vehicle must be covered by the vehicle owner's or employer's automobile insurance.
- Students should be continually supervised during the visit
- Think ahead about safety items like personal protective equipment (PPE), which needs to fit properly to be effective. If your child will require a hard hat, gloves or any other PPE at a workplace they are to visit, it is important to have PPE that will fit your child. Most workplaces that use these items have PPE available for visitors which is designed for adults, and may not be adequate for children.

5. Additional resources for parents can be accessed on The Learning Partnership website.  
<https://www.thelearningpartnership.ca/events/take-our-kids-to-work-day>

6. Contact the teacher who is facilitating the program at your school if you have questions, concerns or contributions.

Thank you for your continued support,

*Jerrit Brandt*

Division Principal  
Battle River School Division

## TAKE OUR KIDS TO WORK PROGRAM PARENT/GUARDIAN CONSENT FORM

(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: \_\_\_\_\_

\_\_\_\_\_ (initial) I understand that there are risks associated with my child visiting a workplace.

**Option 1:** \_\_\_\_\_ (initial if applicable) My child is accompanying me to my workplace.

\_\_\_\_\_ is aware that I am bringing my child to work on **November 2, 2022** between the hours of \_\_\_\_\_ and \_\_\_\_\_.

My workplace: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Option 2:** \_\_\_\_\_ (initial if applicable) My child may participate, but I am unable to have my child accompany me. My child has permission to participate if I can arrange a suitable placement with a relative, neighbor or friend.

**Option 3:** \_\_\_\_\_ (initial if applicable) My child will accompany a relative, neighbor or friend to work:

Name: \_\_\_\_\_ Workplace \_\_\_\_\_ Phone Number: \_\_\_\_\_

between the hours of \_\_\_\_\_ and \_\_\_\_\_.

**Additional opportunity:** A colleague at my workplace would be willing to host another student in need of a placement. Colleague's Name:

\_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ My child may be photographed, interviewed or videotaped on this day.

\_\_\_\_\_ My child has my permission to participate in this program. In the event my child does not abide by the workplace rules, I can be reached at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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* 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 <http://www.thelearningpartnership.ca>

***I have reviewed the Elements of Risk section above with my child.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_