



Work Education Program Parental Consent Form

Dear Parent or Guardian:

The purpose of this work experience is to introduce your child to the world of work, to guide them in that process, and to help them recognize the connection between what they are learning in school and how it relates to future career/work goals. Please note that certain personal health information may need to be shared with your child's employer to ensure a safe working environment for both the student and the staff at the cooperating work placement.

STUDENT INFORMATION

I hereby give permission for my child: _____ to participate in the school sponsored Work Experience Trip to _____. I understand my child will leave on _____ (date) and will return on _____ (date).

Treaty Number (If applicable): _____

Date of Birth: Day ____ Month ____ Year ____ Gender M F

Manitoba Medical Numbers: (9-digit) _____ (6-digit) _____

MEDICAL HISTORY

List all Allergies:

Does your child have any special condition we should be aware of? Yes No
If 'Yes' please list:

Is your child bringing any medication with them on the trip? Yes No

If "Yes" list medications and who is responsible for administering medication:

In case of a minor illness, may FSD staff administer non-prescription medications such as Tylenol, Advil, Pepto-Bismol, Nyquil/Dayquil, Gravel or generic versions of these? Yes No

WORK EXPERIENCE ACKNOWLEDGEMENTS

- I understand that work experience students are registered with Manitoba Education and are covered under the Workers Compensation Act of Manitoba.
- I understand that in the interests of safety my child will complete the online Young Workers readiness certificate course and or attend a virtual Safety orientation meeting presented by the Safe Workers of tomorrow or the FSD Work Education Coordinator and classroom teacher.
- I understand that my child has reviewed the Covid-19 safety protocols such as washing hands, wearing a mask, and maintaining a safe distance from others and will follow these protocols to help reduce the risk of spreading infection.
- I understand that my child will either walk, bike, or be driven to their work placement. The mode of transport is dependent on which job site they choose.
- I understand that my child's personal health information may be shared with their employer to ensure their health and safety at the work site.
- I understand that it is important for FSD staff to communicate with my child during the work placement. I give FSD staff permission to email, text, and/or direct message my child on social media with matters relating to their work experience.
- I agree to encourage and support my child to successfully complete their work experience portion of the Life/Works credit.

I give permission for the Work Education Program at Frontier School Division to use my student's picture taken during their Work Experience Session for promotion of the Work Education program in brochures, displays, or Frontier School Division website.

Please check one: **YES** **NO**

Name of Parent or Guardian: _____ (please print)

Telephone: _____ Emergency Telephone: _____

Signature of Parent or Guardian: _____ Date: _____

<p>Work Education Program Telephone: 204-941-3742 Fax: 204-258-2063</p>
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