

Fellowes High School R.C.D.S.B.

Re: November 14, 2018

FORM B: Information For Parents and Employers Regarding Liability Insurance And The "Take Our Kids To Work" Job Shadow Day

The Renfrew County District School Board is a member of the Ontario School Board's Insurance Exchange (OSBIE).

Students out of school for "*Take Our Kids to Work*" are covered under the Board's liability insurance for the duration of the event. The student and the employer are protected against a law suit arising out of the negligence of the student while performing the duties within the work program; coverage does not extend to protect the employer and other employees for negligence arising out of their actions. Please note that the coverage is for liability and is not meant to reimburse any medical expenses incurred should an accident happen involving the student at the workplace.

The liability coverage extends to protect the student in the event that damage is caused accidentally by the student to the employer's property while it is in the student's care, custody and control, subject to a deductible of \$100 per occurrence. However, the school board's insurance does not cover theft or vandalism by students.

Students are not covered under Workplace Safety Insurance for this event. We suggest that the employer also check their own insurance policy which likely includes coverage for visitors.

Please contact our school should you have any further questions.

Fellowes High School

Form A: Request To Be Excused From School – “Take Our Kids To Work” - Job Shadow Day

Dear Parents / Guardian:

“Take Our Kids To Work” is a nation-wide job shadowing program, promoted by “The Learning Partnership” (A National Non-Profit Organization). The focus for this day is a one-on-one observation of a worker at a place of employment, arranged by a parent and supported by their employer. This opportunity is arranged by parents with their employer or with the employer of a relative, friend or neighbour. Our school recognizes how this community-based program is compatible with our curriculum focus on career education. Consequently, we promote this experience among the grade 9 students at our school in the following manner:

- The sharing of information about this event with our grade 9 students.
- Distribute information forms which we require to confirm parental intentions and understanding about this event.

With regards to the latter, we require written notification of your intention to have your child participate in this event on **November 14, 2018**. As a result, please complete the following:

Student's Name: _____

Teacher (PeriodA): _____

I request that my child be excused from attending **Fellowes High School** on **November 14, 2018** for *Take Our Kids to Work*.

I understand that this is not an event hosted or supervised by the school.

In addition, 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, our school, 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.

Parent / Guardian Signature

Date

Student Signature

Date

Fellowes High School

INFORMED CONSENT / PERMISSION FORM FOR PARTICIPATION IN THE NATIONAL "TAKE OUR KIDS TO WORK PROGRAM"

We need your consent for "Take Our Kids To Work"-November 14, 2018.

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(period A): _____

- I understand that there are risks associated with my child visiting a workplace.
- My workplace (name of workplace and telephone number) _____ is aware that I am bringing my child to work on (state the date of this year's event) between the hours of _____ and _____. My child will bring a lunch.
- 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, neighbour or friend.
- My child will accompany a relative, neighbour or friend to (name of workplace and telephone number). 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 www.takeourkidstowork.ca

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

Parent / Guardian Signature

Date

Student Signature

Date