

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: DayMonthYear 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 If 'Yes" please list:	of? Yes No
Is your child bringing any medication with them on the trip?	Yes ONo
If "Yes" list medications and who is responsible for administerin	g medication:
In case of a minor illness, may FSD staff administer non-prescri such as Tylenol, Advil, Pepto-Bismol, Nyquil/Dayquil, Gravel or these?	•

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.
my st the W websi	permission for the Work Education Program at Frontier School Division to use udent's picture taken during their Work Experience Session for promotion of Jork Education program in brochures, displays, or Frontier School Division te. e check one: YES ONO
Name	of Parent or Guardian: (please print)
	hone: Emergency Telephone:
Signa	ture of Parent or Guardian:Date:Date:

Work Education Program Telephone: 204-941-3742 Fax: 204-258-2063