

Form Instructions

- Complete this 3-page hardcopy application (One application per visiting student)

- If the Hosting Employee is the Parent/Guardian then their signature is required in Section A of Waiver Form (page 3); if student will be supervised by a third party, the Hosting Employee's signature is required in Section B of Waiver Form

- Hosting Employee's Supervisor must sign the application.

- Send completed application for review and approval to the **Department of Environmental Health & Safety by** email <u>safety@queensu.ca</u>
- **Deadline** for submission is **October 24, 2024 -** Failure to meet the deadline could result in the student not being able to participate.

Event Date: November 6, 2024

Hosting Employee Information			
First Name:	Last Name:		
Email:			
Phone Number:	Job Title, Department:		
Student information			
First Name:	Last Name:		
School Name:			
Emergency Contact			
First Name:	Last Name:		
Phone Number:			
ationship to the student: Parent/Guardian Relative Other (specify):			
Accommodations:			
Does the student require any special needs/accommodations to part	ticipate? Yes No		
Does the student have any allergies or medications \Box Yes \Box No			
Allergies or Medications (if any):			
Please list in the accommodations section below:			
Accommodations Required (if any):			
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ALL potential activities must be accounted for. Please list each activity that the Grade 9 student will be performing, or viewing, with a short description, including the location(s) and the name of employee supervising the activity:

Activity Description	Shadow/ View or Performing?	Location – Building, room number or area description	Type of space Office, class, lab, or specify	Employee supervising student activity

Please note, the following areas at the university are off-limits to Grade 9 students for safety reasons, including:

- Shops or areas with mechanical, electrical or other physical hazards
- High risk laboratories
- Kitchens or food preparation areas
- Shipping and receiving loading areas
- Any other site identified by your supervisor or the Director, Environmental Health and Safety

Additionally, Grade 9 students are prohibited from using or handling hazardous materials and from operating motorized vehicles and power tools.

Notice of Collection

When complete, this form will contain Personal & Confidential information. This information is being collected under the authority of the Queen's Royal Charter of 1841, as amended. This information will be used to administer your application for the Take Our Kids to Work program.

Waiver Form

Under 18 Years of Age (Section A)

I CONSENT to the Participant's presence at Queen's University. **I ACCEPT AND FULLY ASSUME** all such health and safety risks, dangers and hazards which may be associated with his/her participation.

Upon the University's request, IAGREE to remove the Participant should he or she fail to follow the University's instructions or directions or if there is any health and safety infraction. I the undersigned declare that I am the parent or legal guardian of the Participant identified below. I agree to inform the Participant about the guidelines of this program and the University's requirements.

Parent/Guardian Signature:

Date:

Hosting Employee Responsible for the Child While at Queen's University(Section B)

I am the person responsible for the Participant during the duration of Take Our Kids to Work Day. I have informed the Parent/Guardian about the activities the Participant will be engaged in during Take Our Kids to Work Day.

I have informed my Department Head of my participation in Take Our Kids to Work Day.

I agree to assume full responsibility for supervising the Participant during Take Our Kids to Work Day. I agree to ensure the Participant follows all health and safety procedures applicable to the work area.

I agree to notify my Department Head, Campus Security, Human Resource, and Environmental Health and Safety of any incident, conduct, or any other matter relating to the participants conduct during Take Our Kids to Work Day.

Employee's Signature:

Approvals

Supervisor's Signature:

Supervisor's Name (Please Print):

Dan Langham, Director EH&S:

Date Revised: 2024-10-03

Date:

Date:

Date: