



Career Exploration Consent Form

School: _____

Name: _____
Surname First Name Second Name

Home Address: _____
Street or PO Box Town or City Province Postal Code

Contact Number: _____
Home Phone

Student Signature _____ Date _____

Parent Signature _____ Date _____

Please complete the following sections as applicable.

A. School Sponsored Career Exploration Day

Students have the opportunity to attend an event which is sponsored by the school and the student's attendance and participation in this program will be considered an excused absence.

1. Event: _____

2. Location: _____

3. Date and time: _____

4. The event is subject to the following provisions as indicated:

- Students are responsible for registration.
- Career counselor is responsible for registration.
- School is responsible for provision of transportation via _____.
- Parents are requested to provide transportation.
- Parents/students will be charged \$ _____ for transportation /expenses.
- Other (Please specify) _____.

_____ B. Self Directed Career Exploration Day

A self-directed day is a career exploration opportunity arranged by a student /parent /guardian. Parents are responsible for transportation, registration, supervision and liability as this exploration day is not a school arranged activity. Student's attendance and participation in this day will be considered an excused absence.

1. Exploration Activity: _____
2. Date of Exploration: _____
3. Location details: _____

_____ C. Job Shadow Opportunity

Students have the opportunity to shadow a member of the work force. The student will work with the Career Counselor to arrange a suitable opportunity and date for the job shadow opportunity. Parents are responsible for transportation arrangements, expenses and supervision. Student's attendance and participation in this program will be considered an excused absence.

1. Name of Job Shadow Placement: _____
2. Address of work location: _____
3. Career/Job to be explored: _____

4. Workers' Compensation:

The student is defined as a learner for the purpose of the application of the Workers' Compensation Act. Parents understand that the presence of risk of injury is associated with the day's activity. Please complete the following:

I, _____, give consent for
Parent/guardian
_____ to participate in the career/job shadow on
Student
_____, 20__ at _____.
Date Location of opportunity

Parent/Guardian Signature: _____

Date: _____