

Permission Form/Waiver

Children in the Workplace

I, _____, request permission to bring
name
the following child(ren), _____, to my McMaster University
names
workplace for the current academic year from the period _____ to _____.
start date *end date*

Each child will be under my care and control while in any workspace on campus. I accept that I must supervise any activities in which each child participates.

I acknowledge that I am solely responsible for each child's behaviour, care and welfare during this visit to McMaster University. I accept liability for the conditions of my workspace that may present a risk or danger to each child. I also accept responsibility for any injury that might befall each child while in my care.

I have performed a safety evaluation of the work area prior to the arrival of the child(ren).	<input type="checkbox"/> yes
The safety evaluation form has been completed and signed by my supervisor.	<input type="checkbox"/> yes
I am the legal guardian of the child(ren).	<input type="checkbox"/> yes <input type="checkbox"/> no
I am not the legal guardian of the child(ren), but I have written permission of the parents or legal guardian to take the child(ren) into my workplace. The legal guardian of the child(ren) has signed a Children in the Workplace consent form.	<input type="checkbox"/> yes (Attach form)

Department: _____

Work Area: _____ Building: _____ Room: _____

Date: _____

Signature: _____

McMaster Employee assuming charge & care of child(ren)

Permission by: _____

Supervisor

Note: Attach copies of the safety evaluation and the written permission of the guardian. File with Environmental & Occupational Health Support Services, Wentworth House, Room 115, **before** the date of the workplace visit period.

Safety Evaluation for Children in the Workplace

List workplace hazards to which each child could be exposed:

Be aware specifically of chemical, biological, radiation and mechanical hazards such as noise, moving parts, gears and powered equipment.

How will access to the hazards named above be controlled or eliminated?

I will discuss the hazards and controls with each child before any activities begin.

Signature: _____
Parent or guardian

Date: _____

Signature: _____
Supervisor

Date: _____

Children in the Workplace Consent Form

Participants Name: _____

I, the undersigned, hereby acknowledge that certain risks of injury are inherent to McMaster University and activities associated with the performance of work. These types of injuries may be minor or serious and may result from ones actions, or the actions or inactions of others or a combination of both.

I hereby agree that McMaster University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this visit, including deterioration of health or illness or aggravation of condition resulting from participation in associated activities, property damage or lost property.

I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent to the registrant to participate knowing all the foregoing.

Signature of Parent/Guardian: _____ Date : _____

Witness: _____ Date : _____