



Board Office

830 Powers Street
Winnipeg, MB. R2V 4E7

Telephone: **204.586.8061**
Fax: **204.589.2504**

YOUNG PERSON'S EMPLOYMENT Written Consent of Parent or Guardian

Date of Consent (M/D/Y):

Dates of Work:

From:

To:

CHILD INFORMATION

Name (Please print in full):

Date of Birth (M/D/Y):

Address (Street, City):

Postal Code:

Phone Number (include Area Code):

Alternate Phone Number:

EMPLOYER INFORMATION

Name: **Seven Oaks School Division**

Work Location: **830 Powers St. Winnipeg, MB. R2V 4E7**

Contact Phone Numbers: **204-586-8061**

Hours: **8:00am-4:30pm**

PARENT/GUARDIAN DECLARATION

I _____ am the parent of this child. I am the legal guardian of this child.
Name (Please print in full)

This is my written consent for my child to be employed. I have read and am familiar with the *Employment Standards Act & Regulation* regarding the employment of young people.

I have noted the specifics of location, hours of work and type of work to be performed.

Signature:

Address (If different than child's):

Phone Number (If different than Child)

Alternate Phone Number:

This Written Consent along with proof of the child's age must be retained by the employer as part of the employment records.

(Parent or guardian should retain a copy for own records).