



**TAKE OUR KIDS TO WORK DAY  
AGREEMENT & UNDERTAKING**  
*(PHIA Self-Learning Package – Completion Required)*

I, \_\_\_\_\_, wish to bring \_\_\_\_\_, to \_\_\_\_\_  
 (Parent/Responsible Adult Name) (Student Name) (Site)

on \_\_\_\_\_ in order to participate in the “Take Our Kids to Work” day.  
 (Date)

The Student will be present with me at the following location(s) within the Site:

➤	➤
➤	➤

1. I, the Parent or Responsible Adult, have signed the Personal Health Information Declaration of Confidentiality form and completed the PHIA Self-Learning Package.

As the Parent or Responsible Adult, I agree to:

- 1.1. accompany the Student while he or she reads the Confidentiality of Personal Information Policy and completes the PHIA Self-Learning Package.
- 1.2. tell the Student to keep confidential any personal health information they may see or hear at the Site.
- 1.3. ask the Designated Site Representative to seek the Individual’s prior consent for the Student to be present at any clinical assessment, consultation, procedure or treatment, including surgery or any other area where the Individual is in attendance. The consent is sought without the Student or Parent or Responsible Adult being present so that the Individual is given every opportunity to refuse permission.
- 1.4. limit the amount of personal health information provided to the Student on a ‘need-to-know’ basis. For example, the Student may need to know that you are performing a lung x-ray to check for pneumonia or giving chemotherapy for leukemia but the Student does not need to know the Individual’s name.
- 1.5. supervise the Student while involved in the “Take Our Kids to Work” day.
- 1.6. explain to the Student that “Personal Health Information” includes information that can identify an individual such as:
  - Name, address, telephone number, email
  - Numbers or symbols, i.e. PHIN
  - Other private matters, i.e. age, sexual orientation
  - Behavior from illness or treatment
  - Health or health history
  - Type of care or treatment provided
  - Financial situation, home conditions or difficulties

2. I, the Student, understand that personal health information that is seen or heard at the site must be kept confidential.

**Additional Terms and Conditions required by the Site, if any:**

Student Name (print)	Parent or Responsible Adult Name (print)
Student Signature	Parent or Responsible Adult Signature

**Request approved by:** \_\_\_\_\_  
*Designated Site Representative Name & Signature*