

## PARENT OR GUARDIAN DECLARATION

<b>ABOUT THE PARENT/GUAR</b>	DIAN	
Given name	Middle name	Family name
Preference for being addressed (optional)	<b>_</b>	What is your relationship to the child?
, and the second		Parent Guardian
Email address		Telephone number
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code
ABOUT THE CHILD		
Given name	Middle name	Family name
Date of Birth	Legal name of the child's employer	
Is the child's address the same as the pare	<u> </u>	es o (Fill out address information below)
Street address	Apartment, suite, unit, floor etc.	City
Province/Territory/State	Country	Postal Code
PARENT GUARDIAN DECLA	RATION	
I,Parent/guardian's full name (pri	, have full legal author	rity to consent to my child's employment.
I hereby consent for	to emplo	OV
I hereby consent for	er's legal name (print)	Child's full name (print)
under the conditions set out in the Employment Standards Act and Re		tion. I have read and am familiar with the nt of young people.
Signed	Dat	ro:
Signed:	rdian's signature	yyyy / mm / dd

The personal information on this form is collected by the Province of British Columbia for the purposes of administering and enforcing the Employment Standards Act and/or the Temporary Foreign Worker Protection Act under the authority of s.26(a), (c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Employment Standards Branch at PO Box 9570 Stn Prov Govt, Victoria, BC V8W 9K1, by phone: 1-833-236-3700 or by email: <a href="mailto:EmploymentStandards@esb.gov.bc.ca">EmploymentStandards@esb.gov.bc.ca</a>.

REV 2021-09-10 Page 1 of 1