

Emergency Contact Information – For Administrative Use Only

Do you have any allergies, if so what are you allergic to:

Does this allergy require the use of an epi-pen? YES ☐ NO ☐

Do you carry an epi-pen on you and if so, where is it located in case of emergency?

You can find my epi-pen: _____

1.) Name: _____ and relationship to you: _____

Phone Number: _____

Alternative Phone Number: _____

2.) Name: _____ and relationship to you: _____

Phone Number: _____

Alternative Phone Number: _____

DECLARATION

I certify that I:

Am ready and willing to participate in the workshops and work experience components of this EYE Program
Understand that, although EYE will assist me, I am chiefly responsible for securing employment or returning to school at completion of this program
Understand that EYE staff will contact me for follow up
Understand that there is zero tolerance for drug and alcohol use during the EYE Program

I understand that this program is funded by the Government of Canada through the through the Youth Employment Strategies and the Mission Community Skills Centre Society must report on its activities. I hereby consent that the staff of the Society can share information about my participation in the program.

I have read, understood and agree to all of the EYE Program guidelines.

Print Name: _____

Signature: _____ Date: _____

Date of Program: _____ To: _____