

**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: \_\_\_\_\_