



LIFE SKILLS AT ALAS CONSENT & WAIVER FORM

Participant Full Name: _____ DOB: _____

Address: _____

Health Card Number: _____

Current Doctor: _____

Allergies: _____

Diagnosis: _____

Legal Guardian: _____ Contact #: _____

Alternate Contact #: _____

Emergency Contact: _____ Contact #: _____

Can this participant complete toileting and personal hygiene tasks alone? Yes / No

*****Due to the nature of this group (working on independent personal skills there will not be 1:1 support available for participants. Participants need to have skills already developed to take care of personal hygiene, be in the community on a low staff to participant ratio (1:4) and safely participate with cooking tools.**

Signature: _____

Are there any behavioural issues / strategies ALAS staff needs to be aware of? (use additional space if needed)

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Please see reverse side for waiver authorization.

ALAS Dufferin

Waiver Authorization for Group Participation

As the legal guardian of the above listed individual I am aware that Life Skills is supervised and supported by ALAS staff. If at any time there are behavioural, health or emergency issues, staff may call myself or the emergency contact listed above to pick up the above listed individual. I agree to any emergency medical treatments by staff or other professionals.

In consideration of ALAS Dufferin making this service available to the above named participant, we/I hereby release and forever discharge ALAS Dufferin, its staff, contracted individuals as well as employees, officers, directors and contracted individuals of ALAS Dufferin from any and all actions, causes of actions, claims and demands for damages, loss or injury howsoever arising, which heretofore any have been or may hereafter be sustained by the above named participant in consequence of attending social programs after regular programming hours.

Parent/Guardian Signature

Date

Witness Signature

Date