

**You Are Not  
ALONE  
Contract**

I/We, \_\_\_\_\_ parent(s) of \_\_\_\_\_ recognize that  
(Parent's name) (10 – 14 Year Old's name)

it is my/our responsibility to provide him or her with:

- a) The phone number(s) where we can be reached throughout the day.
- b) The name and phone number of a relative or neighbour who is willing to make a commitment to assist our family if we need support.
- c) A daily list of instructions , chores and allowed physical activity
- d) A plan, created with my child, on how to walk to and from school safely.

I, \_\_\_\_\_ son/daughter of \_\_\_\_\_ recognize that  
(10 to 14 Year Old's Name) (Parent's name)

it is my responsibility to:

- a) Call \_\_\_\_\_ when I arrive home.
- b) Follow the daily list of instructions, chores and allowed physical activity.
- c) Ask questions if I am not sure of what to do in a particular situation.
- d) Follow the plan I created with my parent on how to walk to and from school safely.

\_\_\_\_\_  
Signature of parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 10 – 14 Year Old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
(Emergency support person)

\_\_\_\_\_  
Date