

You Are Not Alone Agreement

I/We, _____ parent(s)/guardian(s) of _____
(Name(s) of parent(s)/caregiver(s)) (Name of 10 – 14 year old)

recognize 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 trusted neighbour who is willing to make a commitment to assist our family if we need support.
- c) A daily list of instructions.
- d) A plan, created with my son/daughter, on how to walk to and from school safely.

I, _____, recognize it is my responsibility to:
(Name of 10 – 14 year old)

- a) Contact my parent/caregiver if I am not sure of what to do in a particular situation.
- b) _____
- c) _____
- d) _____

Signature of parent(s)/caregiver(s)

Date

Signature of 10 – 14 year old

Date