

Am I Prepared?

(Parent/Caregiver Questionnaire)

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. I know the route my 10 – 14 year old takes to get to and from school and other activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My 10 – 14 year old knows how to contact me at work and/or has my cell phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a) Arrangements have been made with a relative, family friend or trusted neighbour for my 10 – 14 year old to contact if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My 10 – 14 year old knows how to contact a relative, family friend or neighbour if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My 10 – 14 year old knows the rules of the road and how to cross the street safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My 10 – 14 year old knows when and how and how to call 911.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My 10 – 14 year old knows basic First Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is a First Aid kit in our home and my 10 – 14 year old knows where to find it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My 10 – 14 year old knows what to do in case of a fire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My 10 – 14 year old knows what to do if someone comes to the door or calls on the phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My 10 – 14 year old knows what to do if he/she lost his/her key.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My 10-14 year old knows how to make a snack safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. We have discussed the rules about: friends visiting, screen time including the use of social media, types and location of physical activity, doing homework, and any other important safety matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have ongoing open discussions with my 10 – 14 year old about the risks and harms of alcohol and other drugs including prescription drugs. <u>I have made sure these are not accessible.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>I feel confident that my child is ready to be left alone at home!</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>