KCM FIRST AID STAY SAFE COURSE

Participation Form

Participant Information:

- First Name: _____
- Last Name: _____
- Address: _____
- City: _____
- Province: _____
- Postal Code: _____
- Home Phone: _____
- Parent Cell Phone: _____
- Birthdate (YYYY/MM/DD): _____
- Allergies: _____
- Preferred Pronoun: _____
- Primary Language: _____

Parent/Guardian Authorization:

I hereby give permission for my child to participate in the KCM First Aid Stay Safe Course.

- Parent/Guardian Name (Print): _____
- Parent/Guardian Signature: _____
- Date: _____