"Career Programs" Industry Certification Application
- OCCUPATION FIRST AID TRAINING -

Notes: Must be **16 years old** at time of training
Wear **comfortable clothes**, as there will be some moving around on the ground.
If successful, this **certification will last for 3 years** from the time of issue.
Course is **$73.50 – cheque** (payable to "**I.C.B.A.**") or **online** (with credit card... website will sent to you)
Must bring government-issued **photo ID** (ex: driver's license, passport, BC ID card...) in order to receive your certificate

Student Application Information

Student Name:	**Gender**:
Home Address:	**High School**:
Student Email (print <u>very</u> clearly):	**Birth Date**: (mm/dd/yyyy)
Student Cell Phone:	**Grade**: 10 11 12 grad
Emergency Contact - Name <u>and</u> **Phone**:	
Payment Method: ❑ **Cheque** ❑ **Online** with Credit Card... will pay once website is sent to me	

Medical Information

Family Doctor Name:	**Family Doctor Phone**:
List any **Food and/or Drug Allergies**:	
List any **Medical or Physical Conditions** that the instructor / School District should know that is pertinent to this training program: (ex: diabetes, epilepsy, migraines, limited vision in left eye, recovering from sprained ankle...)	
List any **Injuries or Illnesses** affecting physical activity that the instructor / School District should know that is pertinent to this training program: (ex: recovering from sprained ankle...):	
Are you **currently on any medication**? If 'yes', please outline type, dosage & reason (please bring necessary medication with you to the training session if you need to take it between 8.30am and 4.00pm)	

Media Release

Please check one: Yes ❑   No ❑
I hereby grant permission to Coquitlam School Board personnel to take photographs or video footage of my son/daughter while on certification training. These pictures may be used in Career Programs publications, newsletters, calendars and on the district website at anytime for purposes of program promotion and celebration of student successes. Full names will not be associated with any photographs or video.

Student's Signature: _____   Parent/Guardian's Signature: _____