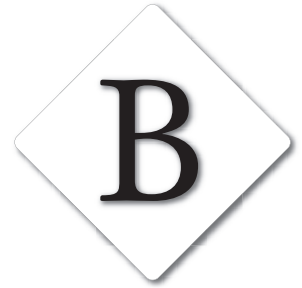


Hospitality Assignment III

Just in Case...

- Completing an “Emergency Contact Form”



Assignment Summary

In this assignment, the learner will

- identify, mark, and label sections of a form
- count the number of items in each section of the form.

Prior Knowledge

- *Essential Skills*
- *LBS Levels*

Teaching Planning Notes

- Use the *Waterloo Inn* “Emergency Contact Form”
- Note that the information required for the top part of the form is required in order that the employee be paid; however, the date of birth and social insurance number cannot be requested until after an employee has begun working for the employer

With learner

- Discuss the following with the learner:
 - the purpose of the form
 - the reason why some information is voluntary
 - the reason why a signature is required

Achievement Indicators

- Identifies sections on form
- Identifies learning on self-achievement chart

FOCUS ON LEARNING

ESSENTIAL SKILLS

	Complexity Levels				
	1	2	3	4	5
<i>Reading Text</i>	■				
<i>Document Use</i>	■				
<i>Writing</i>	■				
<i>Thinking Skills</i>	■				
<i>Working with Others</i>					

LITERACY AND BASIC SKILLS

	LBS Levels				
	1	2	3	4	5
Communication					
<i>Read with Understanding</i>			■		
<i>Write Clearly</i>			■		
Numeracy					
<i>Number Sense and Computation</i>			■		
Self-Management and Self-Direction					
<i>Concentration and Memory</i>					
<i>Problem Solving</i>					
<i>Self-Assessment</i>					
<i>Thinking Skills</i>					
<i>Time Management and Organization</i>					
<i>Working with Others</i>					

Ontario Curriculum Linkages

Locally Developed Compulsory Credit, English, Grade 9 (ENG1L)

Developing Reading and Viewing Skills – Overall Expectations

- DRVV.01 – develop reading and viewing strategies to understand and make connections with texts that are part of school, workplace, and everyday life
- DRVV.02 – read and recognize a variety of short, engaging, authentic, and relevant print and non-print text forms, both teacher- and student-selected

During Reading or Viewing – Specific Expectations

- DRV1.04 – comprehend directly stated ideas by using a variety of strategies:
- follow signal words or visual cues (e.g., find the pattern of thought in a media work; highlight key words in a math problem; look for bold/highlighted words)
 - use visual organizers and mental images (e.g., illustrate a written message, compare and discuss mental images from viewing a media work)

Reading a Variety of Texts – Specific Expectations

- DRV2.02 – be familiar with text forms commonly used in everyday life and in the workplace (e.g., maps, memos, schedules, websites, voting ballots, surveys, billboards, flyers)

Just in Case...

Completing an “Emergency Contact Form”

Part A

The “Emergency Contact Form” contains 4 sections. Following the instructions below will help you “see” the sections more easily.

The first section: personal information

- As an example, this section has a box around the 4 items to show that they “go together.”
- As an example, this section is labeled “Personal Information.”

The second section: names and telephone numbers of contact persons and a doctor

1. Draw a box around the next 7 items.
2. Label this section “Whom to notify.”

The third section: medications, allergies, and other information.

3. Draw a box around the next 3 items.
4. Label this section “Medical Information.”
5. Highlight the word “voluntary”. What does this word mean?

The fourth section: signature and date

6. Draw a box about “Signature” and “Date”.

Completing an “Emergency Contact Form” (cont’d.)

Part B

7. Fill out this form using your personal information.
8. Ask your instructor to help you with section 3.
9. After your instructor has checked your work, either destroy the form or keep it in a safe place.



EMERGENCY CONTACT FORM
PLEASE PRINT

Personal Information	Full name	_____
	Social Insurance Number (SIN#)	_____
	Health Card Number	_____
	Date of Birth	_____

In case of illness or accident, notify:

Name of person to contact in an emergency _____

Daytime Telephone Number _____

Evening Telephone Number _____

Secondary contact in an emergency _____

Daytime Telephone Number _____

Evening Telephone Number _____

Doctor's Name _____

The following information may be provided voluntarily. However, it would greatly assist Emergency Services in providing treatment should it be necessary.

Please list all medications currently being used _____

Please list any/all allergies _____

Please list any important medical instructions for Emergency Services personnel. Please list any additional information you would like Emergency Services to know regarding surgery, organ transplants, etc. _____

SIGNATURE: _____

DATE: _____

