

SAFETY FORMS

Permission Form

_____ has our/my permission to operate the
(student's name)
equipment in the _____ shop/laboratory at
_____ School. It is understood that instruction in safe
operation will be given before he/she is allowed to use any piece of equipment
and that he/she will be properly supervised at all times.

In case of accident, it is preferred that he/she be given treatment by:

Dr. _____

or Dr. _____

Home phone number is: _____

Father's work phone number is: _____

Mother's work phone number is: _____

If neither parent can be reached at the above numbers, please notify:

_____ at _____
(responsible person) (phone number)

Date: _____

Signed: _____
(father/legal guardian)

(mother/legal guardian)

Statement of Acknowledgement

This is to certify that I have received safety instructions in/on

_____.

My instructor has demonstrated to me how to operate each machine correctly and safely. I promise to observe all safety precautions, and if ever in doubt regarding any operation, I will consult my instructor and obtain the necessary information.

Signed _____

Date _____

Student Medical Information Sheet

All information must be completed and this form returned before a student will be allowed to operate any power equipment in the laboratories. This information will be used to make this class as safe as possible and to expedite emergency help if needed.

Student Name

City

State

Zip

Parents/Guardians' Name

Address if different from above

City

State

Zip

Parent/legal guardian

work telephone number

Parent/legal guardian

work telephone number

Family doctor

Address

In case of serious accident, please notify:

Name

Relation

Address

Telephone number

Extension

Confidential Information

Does your child have any physical or mental impairment that may be of concern the CTE instructor?

Yes No If yes, please specify: _____

During the school year does the student take medication of any type that may limit activities or effect vision, hearing, balance, or other senses? Yes No

If yes, please specify:

Allergies to medicine? _____

I have read the attached information describing the technical education course. I promise the information above is correct and true. I will inform the instructors of any changes that may occur this year relevant to my child in the safe operation of this course.

Signature _____ Date _____

If more space is needed for comments, please continue below.

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Name of Minor

I authorize any of the employees/volunteers of the _____
Name of school

to consent to medical treatment of the minor when I cannot be contacted and to consent such medical treatment to include, without limitation, x-ray examination, anesthetic, medical, dental, or surgical examination or treatment and general hospital care. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I SPECIFICALLY CERTIFY AND AGREE THAT:

Except as indicated at the end of this paragraph, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the adult to give specific consent to any and all examinations, treatment or hospital care.

(Exception: _____

_____)

I will indemnify and hold harmless from any expenses or claims of any nature any person or entity which provide or causes to be provided examination, treatment or hospital care pursuant to this authorization (except to the extent such person or entity is negligent therein) and conditionally agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.

I am the person having the power to consent to medical treatment of such minor. This authorization shall remain effective for the school year, unless revoked by the physical destruction of the original hereof, such destruction being the only method of actual notice of the revocation of it.

All blanks of this authorization were filled in before I signed this authorization.

Parent/legal guardian

Date

Insurance company

Insurance company telephone number

Group number

Certification number

Social security number

INSURANCE WAIVER

Although every attempt is made to ensure a safe learning environment for our students, accidents do occur. Parents and guardians should be aware that in the event your child is injured at school, the district does not carry student medical insurance and will not cover the medical expenses from an accident, whether at school or at home. At the time your child enrolls, you should receive an enrollment brochure for OPTIONAL student accident insurance.

I, _____ the parent/guardian of _____
Parent/guardian Name of student

acknowledge the opportunity to participate in the school insurance program. I do not want _____ to be enrolled in the school insurance program.
Name of student

He/she is covered under my family policy with our own insurance coverage.

Please fill in the additional information in the event of an accident. If your child is enrolled in the school insurance program, please indicate school insurance as the company.

We, _____, carry accident and health insurance on
Name of parent

_____ with _____
Name of student Insurance company Policy number

STUDENT SAFETY PERFORMANCE RECORD

School: _____ Teacher: _____

Program: _____ Per. : _____ Yr.: _____

_____ has observed SAFE operating
Student name
procedures, has passed the required SAFETY exam with 100 percent, and is permitted to operate the following items/equipment dated according to accepted SAFETY regulations.

Item/Tool Equipment	Enter Date Completed		
	Teacher Demonstration	Written test 100%	Performance Test 100%

The teacher will keep this record until the student exits the program.

ACCIDENT REPORT FORM

Date of report: _____
Name: _____ Address: _____
School: _____ Sex: _____ Age: _____ Grade: _____

Date and time of accident: _____
Describe the injury in detail and indicate the part of the body affected. _____

What was the student doing when injured?

How did the accident occur?

Name the object or substance that directly injured the student.

If treated, name and address of the physician or hospital.

Prepared by: _____

Building principal: _____

