

STUDENT NAME - _____
(LAST, FIRST)

PLEASE PRINT, SIGN AND RETURN THIS PAGE!

AGRICULTURAL MECHANICS SHOP SAFETY FORM

Dear Parent/Guardian:

Your child is enrolled in the educational program identified above and will have the opportunity to participate in supervised class activities that involve the use and operation of various tools and equipment. These machines are equipped with safety devices and their operation will be in compliance with the strictest safety codes. Appropriate instruction in the safe operation of assigned tools, equipment and procedures will be given that will include supervised student performance testing on each item. Precautions are taken to prevent accidents but a certain risk is involved due to the nature of the experience and the learning environment.

Proper eye protection is required by state law. We ask your support in discussing with your child the necessity to observe safety policies that have been established. Thank you for your assistance.

I have read this communication and understand the type of program in which my child is enrolled. I have discussed the safety aspects of the program with my child.

Signature: _____ Date: _____
Parent/Guardian

Phone numbers: _____
Home work

I agree to observe all safety rules and procedures for the safe operation and conduct in this course. I will wear approved eye protection in accordance with state law. If at any time I conduct myself in an unsafe manner, I can be restricted from any or all shop privileges.

Signature: _____ Date: _____
Student