

EMERGENCY TELEPHONE NUMBERS

Fire Department: _____

Police: _____

Ambulance: _____

Hospital Emergency Room: _____

Missouri State Poison Control Center: 1-800-392-9111

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SAMPLE STUDENT EMERGENCY INFORMATION SHEET

NAME OF PARENT(S): _____

HOME PHONE: _____ (unlisted Yes _____ No _____)

CHILDREN'S BUS NUMBER _____

NAME OF CHILD/CHILDREN ENROLLED IN THIS SCHOOL:

Last _____ First _____ Middle _____

D.O.B. _____ Grade _____

Teacher _____ Student# _____

Last _____ First _____ Middle _____

D.O.B. _____ Grade _____

Teacher _____ Student# _____

Last _____ First _____ Middle _____

D.O.B. _____ Grade _____

Teacher _____ Student# _____

SAMPLE STUDENT EMERGENCY INFORMATION SHEET (CONT.)

LIST PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Relation to Student: _____ Cellular Phone/Pager: _____

Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Relation to Student: _____ Cellular Phone/Pager: _____

**LOCAL NAME, ADDRESS AND DAYTIME PHONE NUMBER OF PERSON TO CONTACT
WHEN THE ABOVE CANNOT BE REACHED:**

Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Relation to Student: _____ Cellular Phone/Pager: _____

**LIST ANY SPECIAL NEEDS (MEDICATIONS, ALLERGIES, DISABILITIES, ETC.) YOUR
CHILD/CHILDREN MAY HAVE IN THE EVENT OF AN EMERGENCY:**

**IN CASE OF SERIOUS INJURY TO YOUR CHILD/CHILDREN AND YOU CANNOT BE
LOCATED, INDICATE PHYSICIANS FOR EMERGENCY TREATMENT:**

First choice: _____

Second choice: _____

Preferred Hospital: _____

Parent/Legal Guardian Signature:

_____ Date: _____

SAMPLE PARENT/GUARDIAN AUTHORIZATION AND RELEASE

Field Trips

We the undersigned parents/ guardians, do hereby authorize the undersigned child/children to participate in school sponsored field trips, including transportation to or from any event authorized in connection with participation in said classes.

Information regarding each individual field trip will be provided to parents/guardians prior to the event. Parents/guardians may choose NOT to have their child/children participate by notifying the school.

LIST ALL CHILDREN WHO MAY PARTICIPATE IN FIELD TRIPS:

Date: _____

Special Concerns (i.e., medical, custody):

**Name of person caring for child
before/after school:**

Name

Address

Phone

Emergency Pick Up

I give permission for any adult listed below to pick up my child/children from school in case of an emergency or disaster.

Signature of Parent(s)/Guardian(s) _____

SAMPLE INCIDENT/ACCIDENT REPORT

School: _____		
Name of Involved Person: _____		Date of Birth: _____
Sex: _____		
Home Address: _____		
Parent or Guardian: _____		
Date of Incident: _____	Time of Incident: _____	Location: _____
Description of Incident (i.e., nature of injury, equipment involved, witnesses, medical care involvement, treatment immediately following incident, other important facts):		
Involved Parties after Incident: _____		
Parent/Guardian: _____		
Health Care Personnel: _____		
_____ Self		
_____ Other: _____		
Name of person completing form: _____		
(print)		
_____		_____
(signature)		(date)
Principal's signature: _____		
(signature)		(date)

After completion of this form with necessary signatures, a copy should be filed in the school office, business office and, if it is health-related incident, nurse's office.

Examples of health-related incidents to be reported on this form:

1. Incidents that could develop complications, such as head injuries
2. Incidents that require medical attention

SAMPLE PARENT/GUARDIAN SAFETY INFORMATION SHEET

School District:

School Name:

Teacher:

Program:

Dear Parent or Guardian:

Your child is enrolled in the _____ program, which will require the use and operation of various tools and equipment under the supervision of a certified instructor.

Instruction in the safe operation of assigned tools, equipment, and procedures will be provided and students will be tested on safe use of each item. Extensive precautions will be taken to prevent accidents, but a certain risk is involved due to the nature of the experience and the learning environment.

Protective eyewear and clothing are required. Please discuss with your child the necessity of observing safety policies that have been established for this program. Please call me at the school if you have any questions or concerns. Thank you for your cooperation.

Signature: _____ Date: _____
(Instructor)

I have read this letter and understand the risks involved in this type of program. I will discuss the safety aspects of the program with my child.

Signature: _____ Date: _____
(Parent/Guardian)

Home Phone: _____ Work Phone: _____

I agree to observe all safety rules and procedures for this course. I will wear protective eyewear and clothing as required.

Signature: _____ Date: _____
(Student)

SAMPLE TECHNOLOGY EDUCATION

SAFETY STUDENT HANDOUT

SAFETY GLASSES/GOGGLES

EVERYONE MUST WEAR SAFETY GLASSES! Even when you are not working on a machine, **you must wear safety glasses.**

CLOTHES AND HAIR

- IF YOU HAVE LONG HAIR, TIE IT UP.
- DO NOT WEAR LOOSE CLOTHING. Ties, scarves, and loose sleeves are prohibited.
- NO GLOVES.
- REMOVE ALL JEWELRY.
- WEAR APPROPRIATE SHOES. No open-toe sandals. Wear shoes that provide sure footing. When working with heavy objects, steel toe shoes are recommended.

SAFE CONDUCT

- NO HORSEPLAY. Maintain a serious attitude when working with and around machines.
- Be aware of what is happening around you. For example, be careful not to bump into someone working near you.
- Concentrate on what you are doing.
- Do not hurry. If you catch yourself rushing, slow down.
- Do not rush speeds and feeds or you may damage your part, the tools, or the machine.

MACHINING

- IF YOU DO NOT KNOW HOW TO DO SOMETHING - ASK!!
- DO NOT OPERATE A MACHINE UNLESS THE INSTRUCTOR IS PRESENT.
- WEAR SAFETY GLASSES.
- BEFORE YOU START THE MACHINE:
 - Study the machine. Know which parts move, which are stationary, and which are sharp.
 - Double-check that your work piece is securely held.
 - Remove chuck keys and wrenches.
- DO NOT LEAVE MACHINES RUNNING UNATTENDED!
- KEEP HANDS AWAY FROM THE CUTTING AREA. Do not attempt to removal material while the cutter is rotating
- DO NOT OVERREACH. Keep proper footing and balance.
- DISCONNECT EQUIPMENT FROM ELECTRICAL SERVICE BEFORE ADJUSTING OR CHANGING CUTTERS, BLADES, OR BITS.
- KEEP THE WORK AREA CLEAN AND ORDERLY.
- ITEMS NOT USED FOR INSTRUCTION ARE NOT ALLOWED IN THE WORK AREA.
- REPORT ALL INJURES TO THE INSTRUCTOR IMMEDIATELY.

I, _____, agree to adhere to these safety rules and any additional safety instructions given by the teacher. I understand that I may lose privileges if I fail to fulfill this agreements.

SAMPLE SCIENCE LABORATORY

SAFETY STUDENT HANDOUT

1. **DO NOT EAT, DRINK, SMOKE OR APPLY MAKEUP IN THE LAB.** Keep hands away from the face. Wash hands and work area with soap and water when activity is complete.
2. **CONTAIN LONG HAIR AND LOOSE CLOTHING.** Do not wear jewelry on lab days. Wear shoes that provide protection against spills or dropped objects.
3. **WEAR SAFETY GLASSES/GOGGLES.** Prescription glasses are not a substitute. Contact lenses are not recommended for wear in the science laboratory.
4. **KNOW HOW TO USE THE SAFETY EQUIPMENT.** Work with a partner so that one may assist the other in the case of an emergency.
5. **DEMONSTRATE SAFE BEHAVIORS.** Stay in the assigned work area. Keep the area as uncluttered as possible; only the lab manual, notebook, pencil, and experimental materials should be on the lab table. Clean up all spills or broken equipment as soon as possible. Notify the teacher of any hazards.
6. **CONDUCT ONLY THOSE EXPERIMENTS THAT HAVE BEEN AUTHORIZED BY THE TEACHER.** Untested combinations of chemicals can be very dangerous and do serious damage to students and the classroom.
7. **DO NOT POINT HEATED CONTAINERS SUCH AS TEST TUBES OR FLASKS AT ANYONE, INCLUDING ONESELF.**
8. **DISPOSE OF ALL WASTE MATERIALS SAFELY.** Put all waste glass in one container, paper products in another, and chemicals as directed by the teacher.
9. **DO NOT TASTE, SMELL, OR TOUCH ANY CHEMICAL WITHOUT TEACHER PERMISSION.**
10. **KEEP OUT OF MATERIAL STORAGE AREAS.**
11. **DO NOT REMOVE ANY MATERIALS FROM THE CLASSROOM WITHOUT PERMISSION FROM THE TEACHER.**
12. **DO NOT WORK ALONE IN THE LABORATORY.**

Source: Lemons, J.L. *Missouri Secondary Science Safety Manual*. Jefferson City, MO: Missouri Department of Elementary and Secondary Education, 1997.

SAMPLE SAFETY CONTRACT/RULES AGREEMENT FOR STUDENTS

I WILL:

1. Follow all instructions given by the teacher and/or written in the experiment.
2. Wear proper protection for eyes, face, hands, and body as needed.
3. NOT smoke, eat, drink, or apply makeup in the laboratory.
4. Perform only experiments that have been authorized by the teacher.
5. Know the location and use of all classroom safety equipment and understand emergency procedures.
6. Carefully dispose of all waste materials as directed by the teacher.
7. Behave in a safe and responsible manner at all times.

I, _____, agree to adhere to these safety rules and any additional safety instructions given by the teacher. I understand that I may lose laboratory privileges if I fail to fulfill this agreements.

Signature

Date

Parent's Signature

Date

Source: Lemons, J.L. *Missouri Secondary Science Safety Manual*. Jefferson City, MO: Missouri Department of Elementary and Secondary Education, 1997.



**RESTRICTED AREA
NO STUDENTS ALLOWED**

**YOU MUST WEAR
PROTECTIVE EYEWEAR
IN THE LAB
AT ALL TIMES**



**ASK FOR
INSTRUCTIONS
BEFORE OPERATING**

A grey silhouette of a waste container, possibly a bin or drum, with a slightly irregular shape.

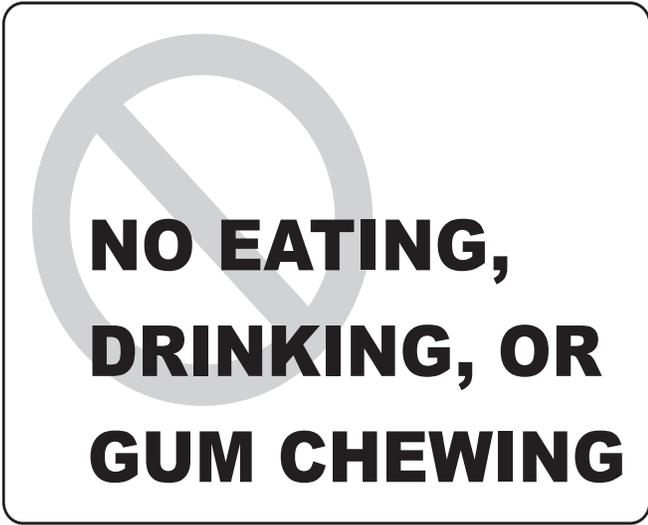
**DISCARD WASTE
IN THIS
CONTAINER**

A large, light grey prohibition symbol (a circle with a diagonal slash) is positioned behind the text.

**DO NOT
REMOVE
GUARD**



**PERFORMANCE AND
WRITTEN ASSESSMENT
REQUIRED BEFORE
USING TOOLS OR
EQUIPMENT**



**CAUTION!
FLAMMABLE**



**OUT OF
ORDER
DO NOT USE**

PROJECTED DATE OF REPAIR



**CAUTION
WET FLOOR**

CAUTION

**HAZARDOUS
CHEMICALS**



**CAUTION
HOT**

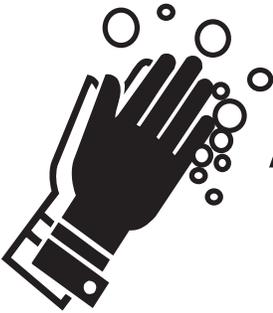
**WATCH
YOUR
STEP!**

**LOW
CLEARING**

**WATCH
YOUR
HEAD!**



**WASH
HANDS
AFTER
USE**



**RETURN TOOLS
AND/OR
EQUIPMENT
TO PROPER
PLACE**

**Visitors
Must
Sign
In**

**STORE
HEAVY
ITEMS
ON LOWER
SHELVES**