***STEM Laboratory***

***Safety Information/Informed Consent***

***Parent/ Guardian and Student***

Dear Parent or Guardian:

This school year your child will have the opportunity to participate in supervised STEM class activities that involve the use and operation of various hand and power tools and equipment.

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.

Working with tools and equipment in the STEM lab area requires proper eye protection. Safety glasses are available in the classroom for your child’s use, or you may purchase them on your own. We ask your support in discussing with your child the necessity to observe safety policies that have been established. You are invited to visit our school program to discuss any of the course requirements. Please contact me to arrange for a visit. It is my goal to have a fun and educational learning experience for all students.

Thank you for your assistance.

Teacher’s name

Teacher’s Email

Teacher’s Phone number

**I have read this form and the safety precautions my child has brought home for me to read. I give permission for my child to participate in activities that may require them to use the various hand, power tools and equipment in the class. I will discuss with my child the safety aspect of the program.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent**

**Phone Number: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I agree to observe all safety rules and procedures for the safe operation and conduct in this course. I will wear approved eye protection.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student**