



TECHNOLOGY EDUCATION LAB PARTICIPATION
PERMISSION FORM

SKYLINE MIDDLE SCHOOL

470 Linda Lane, Harrisonburg, VA 22802
Phone: (540) 434-6862 \* Facsimile: (540) 434-6453
Website: http://staff.harrisonburg.k12.va.us/~hherlan
E-Mail: hherlan@harrisonburg.k12.va.us

LABORATORY SAFETY/INSURANCE STATEMENT:

YES [], "I have read the Lab Safety Information, and I authorize my son/daughter to participate in the Skyline Middle School Technology Education program and its use of hand and power tools, machines, and "high tech" equipment. I will stress the safety aspects of this program to my child and will encourage my child to participate fully and responsibly in this program."

Does your Child have any HEALTH problems that we should be aware of?

X PARENT/GUARDIAN SIGNATURE DATE

HOME PHONE:( ) WORK PHONE:( )

X STUDENT'S NAME (PLEASE PRINT) DATE

"I agree to observe all safety rules and procedures for safe operation and conduct. I will be careful and responsible at all times while in the Technology Education Lab."

X STUDENT'S SIGNATURE DATE

INSURANCE COVERAGE: (Insurance is REQUIRED) [] My Child has SCHOOL INSURANCE.

X INSURANCE POLICY

X POLICY NUMBER COMPANY EXP. DATE

PLEASE NOTE: Although insurance is highly recommended, if your child DOES NOT have insurance- he/she can still participate in the Technology Education program. Simply note that SCHOOL INSURANCE is available through the MAIN OFFICE.

ADDITIONAL COMMENTS:

- Do you have any information concerning YOUR Child that you wish to share which will help us to enhance your child's Technology Education Learning Experience?
Do you have any other Technology Related Suggestions, Comments, or Questions?

Large empty box for additional comments.