

Appendix C

Safety Forms

Sample Safety Forms

Accident Report
Emergency Medical Information Form
Field Trip Permission Form
Parent Letter for Field Trips
Science Laboratory Safety Contract

Safety Forms

ACCIDENT REPORT

School _____ Date _____ Time _____

Student's Full Name _____

Student's Address _____

Phone _____ Age _____ Sex _____ Grade _____

Nature of the Accident

- Abrasion
- Burn
- Puncture or Cut
- Ingested Material
- Sprain
- Chemical Contact

Region of the Body Injured

- Eye
- Arm
- Leg
- Torso
- Internal

Description of the Accident:

(use additional pages if needed)

- Location where the accident occurred _____
- List of tools, equipment, or chemicals involved _____
- First aid treatment administered _____
- Who administered the first aid? _____
- Time Parent Notified _____
- Student sent: Home _____ Doctor _____ Hospital _____

Name of Hospital

Principal

Teacher

Nurse

EMERGENCY MEDICAL INFORMATION FORM

Name of student _____ Date _____

Date of birth _____ Age _____

Home address _____

Name of parents or guardian _____

Home phone _____ Business phone _____ Mobile phone _____

Alternate emergency contact _____

Phone number _____

Family doctor _____

Office phone _____ Office address _____

Please describe any health-related problems, allergies, or other physical conditions that may limit full participation in the field trip activities.

Please list any medications that the student is required to take during the field trip.

Name: (1) _____ (2) _____ (3) _____

Dosage: (1) _____ (2) _____ (3) _____

In case of an emergency, I hereby authorize the physician selected by school personnel to provide the necessary medical treatment for my child.

Signature _____ Date _____

Print Name _____

THIS FORM MUST BE RETURNED BY _____

FIELD TRIP PERMISSION FORM

_____ (date)

I have read the information concerning (teacher's name) (classes going) field trip to (name of the site) on (date of trip).

- I give permission
- I do not give permission

for _____ to participate in this activity.
(student's name)

I understand that students and sponsors will be traveling by (kind of transportation) and leaving at (time of departure). I will be at the school at (approximate time of return) to meet the returning students at (location at school) of the school.

_____ Parent (print name)

_____ Parent Signature

_____ Date

PLEASE RETURN THIS PERMISSION FORM NO LATER THAN (date) TO:
(teacher's name)
(school name)

INFORMATION ON A FIELD TRIP PARENT LETTER

Date

Dear Parent,

On (date of trip), (science teacher's) science classes will be taking a one-day field trip to (location of site) to (major objective of trip). Students have been studying (list current topics students have been studying in class so that learning in class connects with the learning on the trip). Students will be observing (list interesting events and features that the students will be seeing and doing on the trip).

We will be leaving at (time of departure) from (where parents are to bring students) and returning at approximately (time of return). Students will be traveling to the site by (list means of transportation). They will be supervised by (list all adult supervisors). We are pleased to have (list an administrator accompanying the students and a parent whose expertise will be used as a resource on the trip) join us.

Students should arrive at (site name) at (approximate time of arrival) and be led by (name of a professional or representative of the site). We should complete the major portion of our work at 12:00 and will have lunch at the site. During lunch (parent expert) will make a presentation on (related information to the objective of the trip) to the classes. Departure will be at (approximate time of departure).

In an emergency, you can reach your child at (list the site and telephone number if possible). Identify our group as (how the classes will be identified at the site). A list of the students will be given to the office.

Students should wear (list the types of appropriate clothing students should wear). Students will need to bring a lunch (if needed) and a canned drink. Ice chests will be available to keep the food and drinks cold.

Attached to this letter is a Permission Form for students to attend the field trip and an Emergency Medical Information Form. Please fill these out, sign, and return them to (teacher) by (deadline for returning the signed form).

We are all very excited about the trip and the opportunity to see firsthand what we have been learning in class. If you have other questions about the field trip please do not hesitate to call me. I can be reached at (business number) during my planning period from (times you can be reached).

Sincerely,

(teacher's signature)

SCIENCE LABORATORY SAFETY CONTRACT

- I will act responsibly at all times in the laboratory.
- I will follow all instructions about laboratory procedures given by the teacher.
- I will keep my area clean in the laboratory.
- I will wear my safety goggles at all times in the laboratory and protective clothing when necessary.
- I know where the fire extinguisher is located in the laboratory and have been trained on its use.
- I will immediately notify the teacher of any emergency.
- I know who to contact for help in an emergency.
- I will tie back long hair, remove jewelry, and wear shoes with closed ends (toes and heels) while in the laboratory.
- I will never work alone in the laboratory.
- I will not take chemicals or equipment out of the laboratory without permission from the teacher.
- I will never eat or drink in the laboratory unless instructed to do so by the teacher.
- I will only handle living organisms or preserved specimens when authorized by the teacher.
- I will not enter or work in the storage room unless supervised by a teacher.

This contract is to be kept by the student.

Students should sign in the appropriate space below and return the bottom portion to the teacher.

I, _____ have read each of the statements in the Science Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or my teacher.

Student Signature

Date

Parent Signature

Date

