

Class Period _____

Pflugerville High School Safety Agreement /Emergency Medical Information Form

Name _____

Home Phone _____

Grade level _____

Birthdate _____

Home Address _____

Mother/Guardian _____

Father/Guardian _____

Work place _____

Work place _____

Work phone # _____

Work phone # _____

Allergy and Medical Statement

Please indicate if your son/daughter has any allergies or other medical problems that the science teacher should be aware of.

Allergies: _____

Other: _____

Contact lenses: Yes _____ No _____

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

Parent/Guardian signature _____ Date _____

Print name _____

Safety Agreement

I have read and agree to abide by the safety rules presented in the Pflugerville High School Safety Rules handout. I also agree to follow all other written and verbal instructions regarding lab safety given in the class.

Signature of student

Date

Signature of parent/guardian

Date