Student Name: ____________________________________________

Class Name: __________________________ Location: __________________________

**Safety Acknowledgement**

The undersigned parent/legal guardian has requested permission, on behalf of themselves and or their student, to participate in a PCSC program. The undersigned acknowledges that participation in the PCSC program is an elective course. The instructor will correctly and safely demonstrate proper use of equipment, machinery, and tools. Students are required to pass both a written and practical application test, with a score of 100%, prior to using any equipment/machinery. Students will be required to observe all safety precautions at all times, without exceptions. Any unsafe usage of equipment, or unsafe behavior in the shop setting, is grounds for immediate removal from the program.

While all efforts are made by PCSC to minimize accidents/injuries, there are risks of harm when participating in any shop/lab activity (including risk of bodily harm or death and property damage). The undersigned acknowledges that no amount of reasonable supervision or training will, or can, completely eliminate this possible risk.

Your signature below indicates that you have been advised of the risk of possible injury from participation in the PCSC program, that you assume that risk for yourself and your student and that you fully understand that you are legally responsible for any medical expenses incurred during participation in the PCSC program.

By executing this agreement you further agree, on behalf of yourself and your student, that you will indemnify, defend and hold the Pierce County Skills Center and the Bethel School District, its employees and student organizations harmless from any and all claims, including claims for medical expense, personal injury, property damage and attorney fees, resulting from or in any way related to your student’s participation in the PCSC program.

In full consideration of the above risks, warning, and indemnity obligations I assumed and or give permission for the student identified above, of which I am the legal guardian, to participate in PCSC program.

Parent/Guardian Printed Name __________________________ Parent/Guardian Signature __________ Date __________

Student Printed Name __________________________ Student Signature __________ Date __________

**Consent for Medical Treatment**

As the parent/legal guardian of the student named, I authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my student. I understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Parent/Guardian Signature __________ Date __________
Confidential Information

Does your student have a life-threatening or other medical condition? _____ Yes _____ No
If yes, please provide details:

Are there any environmental conditions (light, sound, etc.) that may impact your student's ability to function safely or impact the safety of others? _____ Yes _____ No
If yes, please provide details:

Is your student taking medication that may impact their ability to function safely or impact the safety of others? _____ Yes _____ No
If yes, please provide details:

It is the primary responsibility of the parent/guardian to notify the Pierce County Skills Center main office if a student’s medical status changes, or if they are placed on any medication that may compromise their ability to remain safe in a shop setting.

I acknowledge that the information provided is accurate. I understand it is my responsibility to notify PCSC in the event there are any changes in my student’s medical status.

Parent/Guardian Signature ___________________________ Date ____________

Student Information & Consent for Medical Treatment

Please Print Clearly

Student Name ___________________________ Parent/Guardian Name ___________________________
Address, City, State, Zip ___________________________

Parent/Guardian Contact Information

Parent/Guardian Name ___________________________ Area Code + Cell Phone Number ___________________________ Area Code + Alternate # ___________________________

Parent/Guardian Name ___________________________ Area Code + Cell Phone Number ___________________________ Area Code + Alternate # ___________________________

In an emergency, when parent/guardian cannot be notified, please contact

Name ___________________________ Relation to Student ___________________________ Area Code + Phone # ___________________________

Name ___________________________ Relation to Student ___________________________ Area Code + Phone # ___________________________

Family Physician ___________________________ Phone ___________________________
Preferred Hospital ___________________________