

AGREEMENT TO FOLLOW SYLLABUS

Student:

I have read the Rapid Prototyping Shop Rules of Conduct and agree to follow the rules.

Student Name

Student Signature

Parent or guardian:

I have read the Rapid Prototyping Shop Rules of Conduct and agree to support the rules.

Name

Signature

Parent or guardian e-mail address

Phone number where you can be reached after the
school day

Second parent or guardian (optional):

I have read the Rapid Prototyping Shop Rules of Conduct and agree to support the rules.

Name

Signature

Parent or guardian e-mail address

Phone number where you can be reached after the
school day

PERMISSION TO OPERATE EQUIPMENT

Parent or guardian:

has our/my permission to operate the power tools and hand equipment in the Rapid Prototyping Shop at Roosevelt High School. It is understood that instruction in safe operation will be given before he/she is allowed to use any piece of equipment and that he/she will be properly supervised at all times.

Eye protection is provided and required in the Prototype Laboratory.

Please talk to your child about the importance of eye protection!

Parent/guardian Signature

Date

Parent/guardian Signature

Date

Please provide any information concerning your child operating power tools and hand equipment that you think the teacher should know:

EMERGENCY STUDENT MEDICAL INFORMATION SHEET**Parent or guardian:**

All information must be completed and this form returned before a student will be allowed to operate any tools or equipment in the Rapid Prototyping Shop. This information will be considered confidential and used to make this class as safe as possible and to expedite emergency help if needed.

Student name	
Period	
Seat	
Address	
State	
Zip	
Parent / legal guardian (required)	
After School hours telephone number	
Parent / legal guardian (optional)	
After School hours telephone number	

In case of accident, it is preferred that he/she be given treatment by:

Dr.	
Phone	
or Dr.	
Phone	
Location of doctor	
Hospital preference	
Responsible person (required)	
After School hours telephone number	
Parent/guardian Signature	
Date	

Parent/guardian Signature

Date

EMERGENCY STUDENT MEDICAL INFORMATION SHEET

Parent or guardian:

Does your students have a physical condition, cognitive, or emotional challenge that would require extra supervision on the use of power tools in the shop? Please explain.

Does your student take medication that could impair vision, hearing, motor control, or balance? Please explain.

Does your student have allergies to latex or any chemical sensitivities?

I have read the attached information describing the technical education course. I promise the information above is true and correct. I will inform instructors of any changes that may occur this year relevant to my child in safe operation of power tools.

Parent/guardian Signature

Date

RAPID PROTOTYPING SHOP RULES OF CONDUCT

1. **Always always always** wear eye protection in the shop
2. Do not touch equipment you have not been trained on
3. Only use tools and equipment in the manner you have been trained
4. If equipment does not seem to be working correctly, Stop immediately and inform an instructor
5. Do not wear loose-fitting clothing or pendant jewelry while working with power equipment
6. Tie back long hair before using power equipment
7. Wear a face shield when using or observing power equipment
8. Clean up after yourself
9. Report any injury or near miss to an instructor
10. If you see unsafe behavior, SAY SOMETHING

SHOP RULES

- If you open it, close it
- If you turn it on, turn it off
- If you unlock it, lock it
- If you break it, repair it
- If you can't repair it, report it
- If you borrow it, return it
- If you use it, don't abuse it
- If you make a mess, clean it up
- If you move it, put it back
- If it belongs to other, ask permission
- If it doesn't concern you, leave it alone