



## Permission Slip Camas High School Technology Education

Name of Parent of Guardian: \_\_\_\_\_

\_\_\_\_\_ is enrolled in our Technology Education Program and will have the opportunity to use various tools and equipment. Appropriate instruction in the proper use of tools and equipment is given and close supervision is maintained. Every precaution is taken to prevent accidents. I am asking your cooperation in impressing your son or daughter with the importance of being careful. It is mandatory that all students pass a series of safety tests and accept the obligation to obey the safety rules designed to protect them and others.

I give my permission for \_\_\_\_\_ to use the tools and power equipment in the Technology Education Program.

\_\_\_\_\_  
(Parent or Guardian)

Please identify any health problems, which may have a bearing on your son or daughters participation in class:

If you have any questions concerning the program, please feel free to call me (833-5750). I am looking forward to working with your son or daughter this year in our Technology Education classes.

Thank you,

K. Williams  
Technology Education Teacher