

Parent Approval Form for Science Laboratory Experiments

Student Information

Student Name: _____

Grade/Class: _____

School Name: _____

Experiment Details

Experiment Title: _____

Date(s) of Experiment: _____

Teacher/Supervisor: _____

Parent/Guardian Authorization

I have read and understand the nature and procedures of the science laboratory experiment(s) described above. I am aware of the safety guidelines in place, and I give permission for my child to participate in these activities.

Parent/Guardian Name

Signature

Date

Emergency Contact Number
