

CATHOLIC CENTRAL HIGH SCHOOL

# STUDENT FOOD STUDIES SAFETY AGREEMENT

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STUDENT NAME: \_\_\_\_\_ is enrolled in

*FOODS 20/30*

## FOOD STUDIES

Welcome to the Food Studies program. I look forward to working with your son or daughter, and hope they will enjoy their cooking experience. As part of this program students are required to operate large and small kitchen appliances along with other kitchenware. Each student will receive instruction for the operation and safe use of equipment, plus instruction for sanitary food handling.

To ensure a safe and sanitary working environment students are required to follow the classroom safety and sanitation rules. Your signature and your son or daughter's signature will pledge their compliance to the Food Studies Safety Agreement.

I agree with and will follow all safety and sanitation rules, in my foods class.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

I hereby give my consent to allow my son/daughter to operate all machines and equipment necessary in carrying out the requirements of the food studies course in which she/he is enrolled.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

There can be no lab privileges until this agreement is signed and returned. I look forward to a successful quarter with your son or daughter. Thank you for your cooperation and support.

# CONSEQUENCES FOR VIOLATION OF SAFETY AGREEMENT

In order to provide a safe working environment, ALL safety rules and practices MUST be followed. Students who fail to follow the safety practices and regulations will be subject to the following conditions:

**First Offence:** Warning given, name recorded.

**Second Offence:** Warning give, name recorded and lab privileges removed for the remainder of the class.

**Third Offence:** Administration and parent contacted, lab privileges removed for the remainder of the class and for the next lab.

<u>Offence #</u>	<u>Date</u>	<u>Description</u>	<u>Signature</u>
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**First:**

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**Second:**

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**Third:**

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