



Parent Health & Safety Policy Agreement

I \_\_\_\_\_ have read, understand and agree to abide by the health and safety policies put in place by Happy Valley School. I understand that they are subject to change.

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_