Safety Agreement

**Cobb County School District**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency; the student has been given instructions on what to do to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or in injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

Student Signature Date

Parent Signature Date

Supervisor Signature Date

WBL Coordinator Signature Date