

# Parental Consent for Student Participation in Lab Activities

Date: [Insert Date]

Dear [Teacher's Name],

I, [Parent's Name], the parent/guardian of [Student's Name], a student in [Grade/Class Name], give my consent for my child to participate in lab activities as part of [Course/Program Name] at [School's Name].

I understand that these activities may involve using laboratory equipment and chemicals. I acknowledge that there will be proper safety measures and supervision in place to ensure my child's safety.

Please feel free to contact me at [Parent's Phone Number] or [Parent's Email Address] if you have any questions.

Thank you for providing my child with this valuable learning experience.

Sincerely,

[Parent's Name]

[Parent's Signature]

[Address]

[City, State, Zip Code]