



Name: _____

Date: _____

MAGNET SAFETY RULES

Activity 1: Is this safe? Circle **YES** or **NO**.

Putting a magnet in your mouth



YES

NO



Picking up paper clips



YES

NO

Touching a computer screen



YES

NO

Putting on the fridge



YES

NO

Activity 2: Trace the safety rule.



DO NOT EAT



BE GENTLE