

## Yes or No?



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

Read the statements below. If it is a safe thing to do, write the word “yes” in the blank. If it is unsafe, write the word “no” in the blank.

- \_\_\_\_\_ **1.** Fighting at recess
- \_\_\_\_\_ **2.** Taking turns on the slide
- \_\_\_\_\_ **3.** Jumping off a moving swing
- \_\_\_\_\_ **4.** Swallowing bleach
- \_\_\_\_\_ **5.** Having fun at recess
- \_\_\_\_\_ **6.** Getting into the car of a stranger
- \_\_\_\_\_ **7.** Wearing sunscreen
- \_\_\_\_\_ **8.** Asking before leaving home
- \_\_\_\_\_ **9.** Stretching your muscles
- \_\_\_\_\_ **10.** Not being active
- \_\_\_\_\_ **11.** Getting enough sleep