

## Student Safety Contract/Agreement

Class \_\_\_\_\_ Period \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

### I WILL:

1. Follow all written and oral instructions given by the teacher.
2. Ask questions, or state concerns before beginning a lab procedure.
3. Behave in a manner that will ensure the health and safety of myself and others in the laboratory or classroom at all times.
4. Use protective devices for my eyes, face, hands, body and clothing during laboratory activities.
5. Know the location and use of first aid and fire extinguishing equipment.
6. Refrain from eating, drinking, chewing gum or applying cosmetics in the laboratory.
7. Keep my work area clean and free of clutter during lab class.

I understand and realize that many accidents are caused by carelessness and being in a hurry. I will come to class prepared to be responsible so that the safety and welfare of myself and others is not jeopardized.

I have read the set of written science safety rules prepared by my teacher and agree to follow these and any other rules.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please list any known allergies or health problems: (If additional space is needed, please use the back of this sheet.):

\_\_\_\_\_

Phone number (in case of emergency): \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_ NO \_\_\_\_\_ YES (If yes, please complete the section below.)

Contact lenses are not recommended to be worn in the laboratory as certain chemical fumes or small particles may become lodged under the lens. Please be aware of the slight increase in the risk of eye damage for contact lens wearers as compared to students in similar situations without contact lenses. All students must wear safety goggles in certain activities, even if they wear contact lenses or prescription glasses.

Please check the appropriate choice below and sign. Whatever your decision should be, it is up to your son/daughter to follow your choice.

1. My son/daughter, will wear contact lenses under goggles during labs. \_\_\_\_\_
2. My son/daughter, will remove contact lenses prior to lab and will wear glasses under goggles \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_