

(school name)

Elementary Science Laboratory Safety Contract

- I will act responsibly at all times in the classroom.
- I will follow all instructions about laboratory procedures given by the teacher.
- I will keep my science area clean.
- I will wear my safety goggles at all times in the classroom and/or laboratory and protective clothing when necessary.
- I know where the fire extinguisher is located in the classroom and /or laboratory.
- I will notify a teacher of any emergency.
- I will never work in the science center alone.
- I will never eat or drink in the laboratory unless instructed to do so by the teacher.
- I will only handle living organisms or preserved specimens when authorized by the teacher.
- I will not enter or work in the storage room unless supervised by a teacher.
- I understand students will be removed from the science activity area by the teacher if:
 - a. their personal appearance or dress is such that they can cause injury to themselves or other students.
 - b. they are behaving in such a manner that they cause injury to themselves or other students.
 - c. they are not following the prescribed safety rules for the science activity area or the particular science activity being conducted.
 - d. they are going beyond the limits of the science activity into areas that may lead to an unsafe situation.
 - e. they have not completed the pre-experiment activities that will allow them to work safely in the classroom.

I, _____ have read each of the statements in the Science Student's Name Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or my teacher.

Contact lenses are controversial in the science laboratory. Some experts feel that they are an added risk if there is a chemical splashed in the eye. All students must wear safety goggles to minimize the risk of accidents. As a parent, the decision is yours and your eye care specialist.

My child (does, does not) wear contact lenses. (Please circle a response.)

I, _____, have read all of the rules. I have

Parent or Guardian

discussed them with my child and feel that my child understands what they mean and the consequences for removal from class. I would like to inform the school that my child has the following physical or medical situation that could affect their learning in a science class. (Ex., specific allergies, etc).

1. _____

2. _____

3. _____

Student Signature

Parent Signature

Home Phone

Business Phone

Date