

Student Science Laboratory Safety Contract

Directions: Take this Student Science Laboratory Safety Contract home to read over with your parents/guardians. Once you and your family understand how you are to appropriately act in the science lab, initial each statement below. You and your parent/guardian will both sign and date the bottom portion of the Student Science Laboratory Safety Contract, which will be checked in by your teacher.

The Student Science Laboratory Safety Contract states that I agree to:

- _____ Act responsibly at all times in the laboratory.
- _____ Follow all instructions given – verbally or written – by my teacher.
- _____ Perform ONLY those activities assigned and approved by my teacher.
- _____ Protect my eyes, face, hands and body by wearing proper clothing and using protective equipment provided by my school.
Keep safety goggles on over your eyes throughout the entire activity.
- _____ Know the location of safety and first aid equipment in the laboratory.
- _____ Notify my teacher immediately of an accident, injury and/or hazardous condition.
- _____ Carry out good housekeeping practices as instructed by my teacher. Follow all instructions when disposing lab materials and/or chemicals.
- _____ Consider all chemicals used in the science room to be dangerous and not touch or smell any chemicals unless specifically instructed to do so.
- _____ Keep hands away from face, eyes, and mouth while using science materials, chemicals or animals and wash hands with soap and water before leaving the science classroom.
- _____ Handle living organisms or preserved specimens always carefully and with respect and only when authorized by my teacher.
- _____ Handle all lab materials such as glassware, microscopes and other equipment properly as instructed by my teacher.
- _____ NEVER work alone in the laboratory.
- _____ NEVER eat or drink in the laboratory unless instructed to do so by my teacher.
- _____ NEVER enter or work in a supply area or closet unless instructed to do so and supervised by my teacher.
- _____ NEVER remove chemicals, equipment, supplies or animals from the science room without permission from the teacher.

I, _____, (print name) have read and understand each statement in the Student Science Laboratory Contract. I agree to follow the safety rules in place by my teacher, school and any other safety regulation put in place by the school district. I understand by doing so I am protecting myself and others from unnecessary harm.

_____ Student Signature _____ Date

I have reviewed this contract with my child and am aware of the measures taken to ensure the safety of my student in the science classroom. I acknowledge that my student understands each statement and has signed this contract in good faith.

_____ Parent/Guardian Signature _____ Date

Important Questions:

- Does your child wear contact lenses? Yes or No (Circle One)
- Is your child color blind? Yes or No (Circle One)
- Does your child have any allergies? Yes or No (Circle One) If so, please list: