

NAME _____ PERIOD _____

SCIENCE STUDENT SAFETY CONTRACT

Science is a hands-on laboratory class. However, materials must always be used with care as they can be dangerous if not used properly. The following rules are required for safety during investigations in the high school science classroom. Two copies of these rules are provided – one is to be signed by you and your parent/guardian before you can participate in labs and the other is for you to keep in your science notebook as a reminder of the safety rules. Please be aware that violation of these rules will result in removal from the lab and an alternative assignment for that and possibly future investigations.

GENERAL RULES

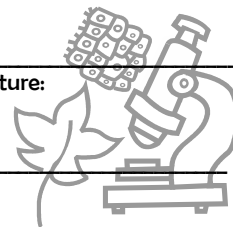
1. Conduct yourself in a responsible manner at all times in the laboratory.
2. Follow **ALL** written and verbal instructions carefully. If you do not understand a direction, ask Mrs. Thomas to clarify before proceeding.
3. Do not eat food, drink beverages, or chew gum while performing an experiment in the laboratory.
4. When first entering a science room, do not touch any equipment, chemicals, or other materials in the laboratory area until you are instructed to do so.
5. Perform experiments only authorized by Mrs. Thomas. Do not conduct unauthorized experiments.
6. Know the locations and operating procedures of all safety equipment including the first aid kit, eyewash station, fire extinguisher, and fire blanket. Know where the fire alarm and the exits are located as well as what to do in an emergency.
7. Labels and equipment instructions must be read carefully before use. Set up and use the prescribed apparatus as directed in the laboratory instructions or by Mrs. Thomas.
8. Follow teacher directions to dispose of all waste.
9. Report any accident (spill, breakage, etc.) or injury (cut, burn, etc.) to Mrs. Thomas immediately, no matter how minor it may appear.
10. Be alert and proceed with caution at all times in the laboratory. Notify Mrs. Thomas immediately of any unsafe conditions you observe.
11. When using knives and other sharp instruments, always carry with tips and points pointing down and away. Always cut away from your body. Never try to catch falling sharp instruments. Grasp sharp instruments only by the handles.
12. Students are never permitted in the science storage rooms or preparation areas unless given specific permission by their instructor.
13. Dress appropriately – long hair must be tied back, no dangling jewelry, no loose or baggy clothing.
14. Keep your work area and walkways clear of debris, backpacks, books, and other obstacles. Clean all work areas and equipment at the end of each investigation. Return all equipment clean and in working order to the proper location.
15. Wash your hands after touching anything in the laboratory. While working in the lab, keep your hands away from your face.
16. Always carry a microscope with both hands. Hold the arm with one hand; place the other under the base.
17. Do not remove chemicals, equipment, supplies or animals from the science room without Mrs. Thomas' permission!
18. Wear goggles when instructed. Never remove goggles during an experiment. There is no exception to this rule!

I, _____
(Student name),

have read and understand the safety rules given to me in class. I agree to follow them and realize that I must obey them to insure my own safety and those of others in the laboratory. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by Mrs. Thomas. I am aware that any violation of this safety contract will result in being removed from the laboratory and a zero on the lab assignment.

Student signature: _____

Date _____



Dear Parent or Guardian:

I feel that you should be informed of the school's effort to create and maintain a safe science classroom/laboratory environment. Please read the list of safety rules. No student will be permitted to perform science activities unless this contract is signed by both the student and parent/guardian and is on file with me. Your signature on this contract indicates that you have read this Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom.

Parent/Guardian Signature _____

Date _____

Does your child wear contact lenses?

Y or N

Is your child color blind?

Y or N

Does your child have any allergies?

Y or N

If so, please list:

Are there other medical concerns I should know about?

YES NO

If yes, please explain on the back of this sheet.

