

SCIENCE CLASS SAFETY AGREEMENT

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 to other students.
- b. They are behaving in such a manner that they can cause injury to themselves or to 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 laboratory situation.

I, _____, have read all of the rules,
Student name
including those attached. I understand what they meant when they were discussed by my teacher, or I had the teacher explain them to me. I will keep the attached rules in my notebook for reference and easy access.

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 situations that could affect their learning in a science class: (e.g., specific allergies, etc.).

1. _____ **Home Phone Number**
2. _____ **Business Phone Number**

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 prevent any such accident. As a parent, the decision is yours.
_____ (will, will not) be wearing contact lenses in the lab.

Parent's Signature *A.*

I, _____, have received a signed copy of
Teacher's Signature
this form from _____ on
Student Name

Date

*Upon completion of this agreement, return to teacher to retain in files.