



K-8 Student Safety Contract

Should be kept on file by Science teacher

I, _____ understand and agree to the following safety practices and will:

1. Listen and follow all instructions given by my teacher or other adults in this school.
2. Behave in a manner that will not put myself or others in danger.
3. Wear goggles and other safety attire when instructed to do so to prevent injuries to eyes or skin. Students who wear contact lenses should remove them before working in the science laboratory.
4. Avoid eating, drinking, or chewing gum in the science laboratory or in the classroom. Tasting, smelling, or mixing unknown substances can be very dangerous. I will only do so if instructed by my teacher during a planned, approved experiment, and taught proper techniques.
5. Notify your teacher of any allergies I may have.
6. Mix chemicals only when given permission by my teacher.
7. Report all accidents, spills, and injuries to the teacher immediately, no matter how minor.
8. Tie back all long hair, or other dangling objects such as jewelry or loose clothing.
9. Keep lab area clean during lab activities.
10. Know and practice proper fire procedures as taught by my teacher. Avoid using hairspray, gel, activator, or other products in the classroom and especially during labs involving fire.
11. Treat all lab equipment and any organisms involved with proper respect.
12. Wash or sanitize my hands after completing a science experiment.

I understand that these rules and guidelines have been created for my protection. I agree to follow them and do my part to help create a safe environment in the science classroom. I also understand that failure to follow science safety rules and procedures may result in exclusion from science labs at _____ School.

Student Signature

Date

Dear Parent/Guardian,

Your son/daughter is studying science as one of their core academic subjects. As part of the school's effort to provide a safe classroom environment, we are requesting that you read and discuss with your child the science safety rules printed above. In addition, please indicate whether your son/daughter has any allergies or medical conditions that may affect him/her during class or lab.

After reviewing the science safety rules, please sign in the space provided below. Your signature indicates that you have read these rules and that you are aware of steps being taken to provide for the safety of your son or daughter.

Parent/Guardian Signature

Date