**Student Safety Contract**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student has received specific instruction regarding the use, function, and location of the following:

Protective clothing (lab coats, gloves)

Eye protective devices (goggles)

Eyewash fountain and drench shower

Fire extinguisher

Fire blanket

First-aid kit

Heat source (hot plate) and techniques in their use

Waste-disposal containers for glass

The student will abide by the “Science Laboratory Regulations” to prevent accidents and injury to herself or himself and others and will:

* Follow all additional instructions given by the teacher.
* Conduct herself or himself in a responsible manner at all times in the laboratory.

List below any specific allergies or sensitivities (e.g., to plants, animals, pollen, foods, chemicals, bee stings) that may affect the student’s safety in the laboratory or on field trips:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check this box if the student wears contact lenses:

**Student’s Statement**

I have in my possession and have read the “Science Laboratory Regulations” and agree to abide by them at all times while in the laboratory. I have received specific safety instructions as indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature Date

**Parent’s or Guardian’s Statement**

I give my consent for the student who has signed the preceding statement to engage in laboratory activities using a variety of science equipment and materials, including those described. I pledge my cooperation in urging that she or he observe the safety regulations prescribed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian Date

*Return the completed and signed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*