

Science Safety Contract

Name _____ Hour _____

1. I will not misbehave in the laboratory or play with laboratory equipment or materials. I will not engage in behavior that is disruptive or dangerous or that interferes with another student's right to learn.
2. I will protect my eyes, face, and hands while engaging in lab activities by wearing safety goggles and, when needed, gloves or other protective gear.
3. I will work only at my assigned lab station.
4. I will follow all written and oral instructions. I will wait until I receive my teacher's permission to begin a lab activity.
5. I will not carry out unassigned lab experiments without my teacher's permission.
6. I will not eat, drink, or taste anything in the classroom unless given permission by my teacher.
7. I will wash my hands thoroughly after using chemicals and lab equipment. When using chemicals, I will not touch my mouth, lips, or eyes until after I have washed my hands.
8. I will report any injury or accident to my teacher immediately.
9. I will be respectful of both the people and the animals in the classroom and will help protect both. I understand that bullying, in any form, is not permitted.

I understand that failure to comply with these safety guidelines may result in my being removed from class and that I will lose credit for the work that is done during my absence.

Student signature _____ **Date** _____

- I have read this safety contract and understand what is expected of my child during science class and laboratory activities.
- I have read the syllabus and, in particular, the following two points:

I understand that it is my child's responsibility to make an appointment to get/do make-up work when they have been absent for any reason, including excused absences. They may have to come before or after school to do missing lab work.

Parent/guardian signature _____ **Date** _____

I understand that my child should be writing down the assignments or class activities in their agenda book EVERY DAY in science class. This will serve to help keep them organized and increase communication between school and home.

Parent/guardian signature _____ **Date** _____