

Student Science Safety Contract

Student Name:	Course:
Teacher:	_ School:
and attention to the lab activity at all times. You ma	that accidents can be prevented with common sense by ONLY participate in science laboratory activities rade 7-12 science course. *Note: K-6 science courses require
 I have received instruction on safety in the laboratory. I have read, understand, and agree to abide by the C the safety of those around me. I will follow all instructions provided to me for each so. I understand that failure to observe the CBE Safety are result in my laboratory privileges being suspended for I understand that I can be held responsible for careles others and/or damage to the property of others. 	BE Safety and Laboratory Rules for my own safety and for ience activity. Ind Laboratory Rules, or the teacher's instructions, may aperiod of time.
Student, please initial: I agree with the above five statements. I will wear splash-proof goggles as required I will wear closed-toe shoes and tie back lor	
	onments can pose a danger to the eyes and/or the contact the use of contact lenses even when protected by safety rning contact lens use in the laboratory environment.
 chemical in the eye. In such an accident as described above, the time it before washing and/or medication can be administe 	hey may pick up chemicals that enter the air as fumes. In
The decision to wear or not wear contact lenses in the la	•
If you wear contact lenses, please initial: I am aware of the additional risks to my eyes	s of wearing contact lenses during labs.
Do you have any medical concerns that your scien	ce teacher should be aware of? (i.e., allergies, restrictions)
Protection of Privacy Act ("FOIP") and the School Act. Such information	privacy protection provisions of FOIP. If you have any questions about
Student Signature:	Date:
Parent/Guardian Signature:	Date: