

# SCIENCE CLASS SAFETY AGREEMENT

Safety is a concern for the students' well being, health, and life and requires full cooperation and participation of all students.

The teacher may remove students from the science activity area if the prescribed safety rules for the particular science activity being conducted are not followed.

The guidelines are:

- a. **Students will dress so that injury to themselves or to other students will not occur.** *When chemicals or flames are used, long hair must be tied back; sandals, baggy sleeves, and sleeveless shirts should not be worn; clothing or jewelry that can hang down and touch chemicals or flames should be removed or tied back.*
- b. **Students will behave so that injury to themselves or to other students will not occur.** *Follow directions exactly as given. Never eat or drink in the laboratory. No loud talking or horseplay. Keep work area cleared of personal belongings. Misconduct, such as tampering with lab equipment or facilities, can place all students in danger and cannot be tolerated.*
- c. **Students will stay within the limits of the science activity.** *Safety goggles, lab aprons, and protective gloves will be worn as required. Never perform activities that are not authorized by the teacher. Never handle any equipment unless given specific permission.*
- d. **Pre-experiment activities must be followed to work safely in a laboratory situation.** *If the student is absent for a necessary pre-lab, or if the student has not completed necessary pre-lab work, student participation in the lab may be prohibited, if safety is an issue.*
- e. **Students will follow all lab rules as per attached (as needed for specific courses).**

I, \_\_\_\_\_, have read all the rules, including those attached.

**Student Name (Print)**

I understand what is meant as discussed by the teacher.

I, \_\_\_\_\_, have read all the rules. I have discussed them with

**Parent or Guardian (Print)**

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 his/her learning in a science class. (Ex., specific allergies, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

All students **MUST** wear safety goggles where specified by the teacher to prevent eye accidents.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Work Phone Number**

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