

BMSN SCIENCE

STUDENT SAFETY CONTRACT

STUDENT

I will:

- follow all instructions given by the teacher.
- read directions thoroughly before starting an activity.
- protect eyes, hands, face, and body while conducting an activity.
- know the location of all safety equipment.
- conduct myself in a responsible manner at all times in a laboratory situation.

I, _____, agree to abide by the safety regulations set forth in the laboratory safety guidelines and any additional written instructions provided by the teacher and/or district. I further agree to follow all written and verbal instructions given in class.

Date

Student Signature

PARENT/GUARDIAN

My son/daughter has my permission to participate in all laboratory activities associated with his/her scheduled science course. Laboratory activities may include the handling of various types of glassware, chemicals, instruments, and electrical equipment.

Date

Parent/Guardian Signature

ADDENDUM

Attention wearers of contact lenses! Some chemicals can harm your lenses and also the tissues of your cornea. All students will wear goggles during laboratory exercises to protect their eyes and contact lens wearers are in no special danger. However, in the event of an accident, the eye(s) will be flushed with water and as a result the lens may be washed down the drain. Eye safety is the primary concern.

_____ Yes, my son/daughter wears contact lenses.

_____ No, my son/daughter does not wear contact lenses.