

ASD Middle School Science Safety Contract

Science is a hands-on class. Safety in the science classroom is the #1 priority for students, teachers, and parents. To ensure a safe science classroom, a list of rules has been developed and provided to you in this student safety contract. **Additional safety instructions will be given for each lab.**

1. Follow all written and verbal directions carefully. Ask questions if you do not understand the directions.
2. No horseplay! Appropriate behavior and use of equipment is required at all times.
3. Do not touch anything in a science room until instructed to do so.
4. Eating, drinking, and chewing gum is not allowed. Never taste or smell anything during a lab unless told to do so.
5. Wear goggles when indicated - **No Exceptions to this Rule!**
6. Keep area clean and neat. Keep aisles clear - push chairs in when not in use.
7. Perform only those experiments authorized by the teacher.
8. Learn where the safety equipment is located (fire blankets, extinguishers & eyewash) and learn how to use it. Know where exits are located and what to do in the case of a fire drill.
9. Dress properly - long hair must be tied back, no dangling jewelry or loose or baggy clothing.
10. Accidents happen. Report all accidents and/or injuries to your teacher immediately.
11. Clean, rinse, & wipe dry all work surfaces and equipment at the end of the lab. Return all equipment to its proper place. Follow directions for the disposal of lab materials.
12. Keep hands away from face, eyes, mouth & body when using chemicals, preserved specimens, plants or animals. Wash hands with soap & water after cleanup is done.

*No system of rules can provide for every situation.

QUESTIONS

1. Do you wear contact lenses? **Y or N**
 2. Are you color blind? **Y or N**
 3. Do you have allergies? **Y or N**
- If so, list specific allergies:
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AGREEMENT

I, _____ have read & agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to insure my own safety, & that of my fellow students & teachers. I am aware that any violation of this safety contract may result in being removed from the lab, detention, and/or further disciplinary action.

(Student Signature)

(Date)

Dear Parent or Guardian,

We feel that you should be informed regarding the school's effort to create & maintain a safe science class/lab environment. Please read the list of safety rules. No student will be permitted to perform lab activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Student Safety Contract & are aware of the safety measures taken in the science classroom.

(Parent/Guardian Signature)

(Date)