

NAME: _____

PERIOD: _____

SCIENCE STUDENT SAFETY CONTRACT

Science is a hands-on laboratory class. However, materials must always be used with care as they can be dangerous if not used properly. The following rules are required for safety during investigations in the middle school science classroom. Two copies of these rules are provided - one is to be signed by you and your caregiver before you can participate in labs and the other is for you to keep in your science notebook as a reminder of the safety rules. Please be aware that violation of these rules will result in removal from the lab and a grade of zero on that activity.

GENERAL RULES

1. Always conduct yourself in a responsible manner in the laboratory.
2. Follow all written and verbal instructions carefully. If you do not understand a direction, ask Mrs. Grotbo to clarify before proceeding.
3. Do not eat food, drink beverages, or chew gum while performing an experiment in the laboratory.
4. When first entering the science room, do not touch any equipment, chemicals or other materials in the laboratory area until you are instructed to do so.
5. Perform experiments only authorized by Mrs. Grotbo. Do not conduct unauthorized experiments.
6. Know the locations and operating procedures of all safety equipment.
7. Know where the fire alarm and exits are located as well as what to do in an emergency.
8. Labels and equipment instructions must be read carefully before use. Set up and use the prescribed apparatus as directed in the laboratory instructions or by Mrs. Grotbo.
9. Follow teacher directions to dispose of all waste.
10. Be alert and proceed with caution in the laboratory. Notify Mrs. Grotbo immediately of any unsafe conditions you observe.
11. When using knives and other sharp instruments, always carry with tips and points pointing down and away from your body. Always cut away from your body. Never try to catch falling instruments. Grasp sharp instruments only by the handles.
12. Students are never permitted in the science storage room or preparation areas unless given specific permission by their instructor.
13. Dress appropriately - long hair must be tied back, no dangling jewelry, no loose or baggy clothing. Closed toe shoes must be worn during labs- no slippers or sandals.
14. Keep your work area and walkways clear of debris, backpacks, books and other obstacles. Clean all work areas and equipment at the end of each investigation. Return all equipment clean and in working order to its proper location.
15. Wash your hands after touching anything in the laboratory. While working in the lab, keep your hands away from your face.
16. Always carry a microscope with both hands. Hold the arm with one hand; place the other under the base.
17. Handle all animals with care and respect:
18. Do not remove chemicals, equipment, supplies or animals from the science room without Mrs. Grotbo's permission!!!!
19. All chemicals in the laboratory are to be considered dangerous. Do not touch, taste, or smell any chemicals unless specifically instructed to do so. Always check labels on chemical bottles before use. Never return unused chemicals to their original container.
20. Wear goggles, lab aprons, and gloves when instructed. Never remove goggles during an experiment. There is no exception to this rule!

I, _____

(Student Name)

have read and understand the safety rules given to me in class. I agree to follow them and realize that I must obey them to insure my own safety and that of others in the laboratory. I will cooperate fully with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by Mrs. Grotbo. I am aware that any violation of this safety contract will result in being removed from the laboratory and a zero on the lab assignment.

Student Signature_____
Date

Dear Caregiver:

I feel that you should be informed of the school's effort to create and maintain a safe science classroom/laboratory environment. Please read the list of safety rules. No student will be permitted to perform science activities unless this contract is signed by both the student and the caregiver and is on file with me. Your signature on this contract indicates that you have read this Science Safety Contract, reviewed it with your student, and are aware of the measures taken to ensure safety of your student in the science classroom.

Caregiver Signature_____
Date

Does your child wear contact lenses?

Y or N

Is your child color blind?

Y or N

Does your child have any allergies? If so, please list on the back of this sheet.

Y or N

Are there other medical concerns that I should know about?

Y or N

If yes, please explain on the back of this sheet or feel free to give me a call. This is specifically important if it is not on file with the nurse. All information is kept confidential.