



MANSFIELD SCIENCE SAFETY CONTRACT

I, _____ agree to obey the following rules as set forth in the contract.
(PRINT your name here)

- > I will follow all of the written and oral rules (safety procedures) set forth by my teacher.
- > I will wear safety goggles over my eyes during labs as the teacher directs.
- > I will learn the locations and operation of emergency equipment, including eyewash, safety shower, fire extinguisher, and fire blanket.
- > I will act in a responsible manner at all times. No horseplay or fooling around should occur in the lab or experimental area.
- > I will never enter the chemical storeroom unless supervised by the teacher.
- > I will not wear contact lenses unless I have permission from the teacher.
- > I will keep my area clean in the laboratory.
- > I will never eat or drink in the laboratory unless instructed to do so by the teacher.
- > I will only handle living organisms or preserved specimens when authorized by the teacher.

For safety purposes, I realize that I can get a 0 on a lab grade and get sent to the office for any act that compromises the safety or anyone in the classroom.

Signature of Student _____ Date _____

PARENTS/GUARDIANS: Your child's safety is of the utmost importance and it is therefore imperative that you and your child understand the rules and procedures set forth in class. Please read the statement below and sign the contract indicating your agreement with our guidelines.

I/We have read the Science Safety Contract and accept the terms of the Science Safety Contract. I/We understand the inherent dangers associated with the science labs and the necessity for my/our son or daughter to carefully follow the rules set forth by his/her teacher.

Signature of parent/guardian: _____ Date _____

Parent/Guardian e-mail: _____ Daytime Phone Number _____

Please supply the following information: (All information given will remain confidential)

- > Any medical condition that needs to be known by the teacher. (Examples: allergy to a chemical such as ammonia or sulfur, diabetes, epilepsy, pregnancy, etc.)
- > Do you normally wear contact lenses?
- > Emergency contact during your son or daughter's science class:

Name of contact person: _____ Relationship: _____

Phone number(s): _____

E-mail: _____

Alternate Contact Info: _____