

Dorchester School District Two
Science Lab Safety Contract

School: Rollings Middle School of the Arts

Teacher: J. Sauer Class: Grade 8 science period _____

I, _____, have read and 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, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part may result in appropriate discipline action.

Please complete the following:

Do you wear contact lenses? _____ yes _____no

Do you have allergies? _____ yes _____no

If so, please list specific allergies?

Student Signature

Date

Dear Parent/Guardian:

We feel that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate and prevent possible hazards.

You should be aware of the safety instruction your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules your child received. No student will be permitted to perform laboratory activities unless this agreement is signed by both the parent/guardian and the student and is on file with the teacher.

Your signature on this contract indicates that you have read the Safety Rules and Contract and are aware of the measures taken to insure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature

Date