



# CHESTERFIELD COUNTY PUBLIC SCHOOLS

CHESTERFIELD, VIRGINIA 23832

## SCHOOL LABORATORY SAFETY CONTRACT

ALL SCIENCE STUDENTS WILL:

- follow all instructions given by the teacher;
- protect their eyes, faces, hands, and bodies while participating in class activities;
- not inhale or ingest anything unless directed to do so;
- learn and remember the location of first aid and fire-safety equipment;
- learn and remember what to do in an emergency, and where to get help fast;
- notify the teacher immediately of any problem;
- make sure they understand directions thoroughly before beginning an activity;
- keep lab stations clear of all unnecessary materials and, in general, observe good housekeeping practices;
- learn and follow rules given in the student handbook.

I, \_\_\_\_\_, have read, understand, and agree to observe the safety regulations set forth above. I further agree to follow all other written and verbal instructions given in class, as well as any additional printed instructions provided by the teacher and/or school. I also agree to conduct myself and handle equipment in a safe and responsible manner at all times in the laboratory situation.

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

**Special Attention:** Please list any physical or medical conditions which could affect your child's learning in a science class. Also note contact lens use, which may be unsafe in certain laboratory situations.

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I, \_\_\_\_\_, have read the above rules and discussed them with my child and feel that my child understands them.

Parent or Guardian's Signature \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Business Phone Number \_\_\_\_\_

**STUDENTS MAY NOT PARTICIPATE IN LABORATORY ACTIVITIES UNTIL SAFETY CONTRACT IS RETURNED WITH APPROPRIATE SIGNATURES.  
RETURN ORIGINAL TO TEACHER**