

Student Science Safety Contract

School: Wilson C. Riles Middle School **Teacher:** Mr. Hamilton **Date:** August 5, 2016

Student's name: _____

The student received specific instruction regarding the use, function, and location of the following:

Eye-Protective devices (goggles)
Eye wash fountain and drench shower
Fire extinguisher
Fire blanket
Heat sources (burners)
Waste-disposal containers for glass, chemicals, matches, paper, and wood.

The student will abide the "Safety Regulations for Science Students" to prevent accidents and injury to herself or himself and others and will:

- Follow all additional instructions given by the teacher.
- Conduct herself or himself in a responsible manner at all times in the laboratory.

List below any special allergies or sensitivities (e.g., to plants, animals, pollen, foods, chemicals, bee stings) that may affect the student's safety in the laboratory or on field trips.

Check here if the student wears contact lenses: _____

Students Statement

I have in my possession and have read the "Safety Regulations for Science Students" and agree to abide by them at all times while in the laboratory. I have received specific safety instructions as indicated above.

Student Signature _____ Date _____

Parent's or Guardian's Statement

I have read the "Safety Regulations for Science Students" and give my consent for the student who has signed the preceding statement to engage in laboratory activities using a variety of science equipment and materials, including those described. I pledge my cooperation in urging that she or he observes the safety regulations prescribed.

_____ Date _____
Signature of parent or guardian

Return the completed and signed form to Mr. Hamilton by August 12, 2016.