

Science Class Period _____

Science Safety Contract

I, _____, have read the science safety rules. I understand the rules and agree to follow the rules. I understand that if I become a safety hazard to myself or to others, I will be removed from the lab and will fail the lab assignment. I also understand that failure to follow safety rules in lab will be reported to my parents and that other consequences may result from my actions.

General Laboratory Rules

1. Follow all directions carefully.
2. Memorize and follow the safety rules.
3. Prepare for lab ahead of time.
4. Absolutely, NO food, NO gum, NO drink in the lab.

Signed _____ date _____
Student Signature

I have read this contract and the science safety rules with my child/ward.

Signed _____ date _____
Parent Signature