

**Pike County High School Science Safety Contract**  
**Miss Goss' science class**

Science is a hands-on laboratory class. Students will be doing many laboratory activities that may require the use of chemicals, laboratory equipment, and other items which, if used incorrectly, can be hazardous. **Safety** in the science classroom is the number 1 priority for students, teachers, and parents. To ensure a safe science classroom, a list of rules has been developed and provided to you in this student safety contract. These rules must be followed at all times.

**The student and a parent must sign their copy. Please read the entire contract before you sign.**  
***Students will not be allowed in the laboratory until all their contracts are signed and given to the teacher. Parents and students can refer to this copy in the student notebook.***

**SCIENCE SAFETY CONTRACT**

Science is an active, hands-on class. We will be doing many activities that require the use of sensitive equipment and potentially hazardous chemicals. **Safety is the # 1 priority in our classroom.** To ensure a safe learning environment, all students will be instructed in science classroom safety, a safety quiz will be given, and the student/ parent/guardian safety contract will be signed and filed at school. A copy of this contract will also be kept in your science notebook as a reminder of safe classroom practices. When necessary, safety considerations will be included on student handouts and they also will be given orally at the start of each activity.



1. I will act responsibly at all times in the classroom.
2. I will be prepared for my lab work.
3. I understand that horseplay, jokes, and pranks are not appropriate in a science classroom.
4. I will follow all instructions, written and verbal, about the laboratory procedures given by the teacher. If I do not understand a direction or part of a procedure, **I will ask before proceeding with the activity.**
5. I will not touch any equipment or supplies until instructed to do so by the teacher.
6. I will perform only those activities that have been authorized by the teacher. I will never do anything that is not called for by the procedure. **I understand that unauthorized experiments are forbidden.**
7. I will keep my table and the area around it clean and neat. I will keep lids on containers when they are not in use.
8. I will clean up and return all materials to their proper place.
9. I will wear my safety goggles whenever we are working with glassware, chemicals or heat. Never remove goggles during an experiment. **I understand that there are no exceptions to this rule.**
10. I will immediately notify the teacher of any emergency, injury (cut, burn, etc.), or accident (spill, breakage, etc.).
11. I will always carry a microscope with two hands. Hold the arm with one hand; place the other hand under the base.
12. I will secure long hair, baggy clothes, and dangling jewelry while doing a laboratory activity.
13. I will wear appropriate footwear in the lab and or classroom.
14. I will not take anything out of the lab or classroom without permission from the teacher.
15. I will never eat, drink, or chew gum in the classroom unless instructed to do so by the teacher.
16. I will not use classroom equipment as containers for food or drink.
17. I will never work in the science classroom without the presence of a teacher.
18. I will always monitor my experiments.
19. **I will not wander around the room**, distracting other students or interfering with the labs of others.
20. I understand that all chemicals in the lab are to be considered dangerous.
21. I will avoid handling chemicals with fingers.
22. **I will never taste chemicals.**
23. **I will treat all foods materials as chemicals.**
24. If I need to test an odor, I will waft the chemicals towards my nose.
25. I will never use or handle broken or chipped glassware

**PCHS SAFETY CONTRACT PARENT/STUDENT INFORMATION**

**QUESTIONS (answers are confidential)**

Does your child wear contact lenses?

Yes \_\_\_\_\_

No \_\_\_\_\_

Does your child have asthma?

Yes \_\_\_\_\_

No \_\_\_\_\_

Does your child have allergies?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, please list specific allergies or any other information you feel that the science teacher needs to know about **(asthma or sulfur allergy)**

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**Signatures**

I, \_\_\_\_\_ understand and agree to follow all of the safety rules in this contract. I understand that I must obey these rules to make sure that fellow students, my teacher, and I work and learn in a safe environment. I will cooperate completely with my teacher 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 will result in being removed from the classroom, or other appropriate measures to maintain safety.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dear Parent or Guardian:**

I feel that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. You should be aware of the safety instructions your child will receive before participating in any laboratory work. Please read the list of safety rules above. No student will be permitted to perform laboratory activities unless this contract is signed by both the student and parent/guardian and is on file with the teacher. Your signature on this contract indicates that you have read this Student safety Contract, are aware of the measures taken to insure the safety of your child in the science laboratory, and will instruct your child to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_