

**Mesa Ridge High School Chemistry
Student Safety Contract/Agreement**

Class: _____ Student's Name: _____

Teacher's Name: _____

I understand that accidents can be caused by being unprepared, careless or in a hurry. I will come to class prepared to be responsible, so that my safety and welfare as well as that of others are not jeopardized.

I will:

- Follow all written and oral instructions given by the teacher
- Ask any questions or state any concerns I have before beginning a laboratory procedure
- Behave in a manner that will ensure the health and safety of myself and others in the laboratory or classroom at all times
- Use protective devices for my eyes, face, hands, body and clothing during laboratory activities
- Know the location and use of first aid and fire extinguishing equipment
- Refrain from eating, drinking, chewing gum or applying cosmetics in the laboratory
- Keep my work area clean and free of clutter during laboratory class.

I have read the written science safety rules prepared by my teacher and agree to follow these and any other rules.

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Teacher's signature: _____ Date: _____

Please list any known allergies or health problems, such as asthma, epilepsy, heart condition that may affect participation in science activities. If additional space is needed, please use the back of this sheet.

Do you wear contact lenses: ☐ YES ☐ NO

Students wearing contact lenses need to be identified in case of accidents that might require contact lens removal. All students will be required to wear safety goggles for certain activities, even if they wear contact lenses or prescription glasses.