

# APPENDIX A

## Sample Safety Contract – Elementary

Class:		Student's Name:	
Teacher's Name:			
Room:			
<p><b>I am learning to be a good scientist. I know that to learn science safely, I must be neat, organized, respectful, and responsible.</b></p>			
I will			
<ul style="list-style-type: none"> <li>■ be prepared for science activities</li> <li>■ listen to directions and make sure that I understand them before I start</li> <li>■ follow directions</li> <li>■ observe carefully</li> <li>■ be calm and quiet so that I can learn more</li> <li>■ handle equipment carefully and put it away when I am done</li> <li>■ wash and return all things to their proper places, and then wash my workspace and my hands</li> <li>■ follow all safety rules</li> </ul>			
Student's Signature:		Date:	
Parent's Signature:		Date:	



## Sample Student Safety Contract – Middle Years and Senior Years

Class:		Student's Name:	
Teacher's Name:			
Room:			
<p><b>I understand that accidents can be caused by being unprepared, careless, or in a hurry. I will come to class prepared to be responsible and behave in a manner that will ensure the health and safety of myself and others in the laboratory or classroom at all times.</b></p>			
I will			
<ul style="list-style-type: none"> <li>■ follow all written and oral instructions given by the teacher</li> <li>■ ask any questions or state any concerns I have before beginning a laboratory procedure</li> <li>■ use protective devices for my eyes during laboratory activities</li> <li>■ use protective devices, as needed, for my face, hands, body, and clothing</li> <li>■ focus on the task at hand</li> <li>■ know the location and use of first aid and fire extinguishing equipment</li> <li>■ refrain from eating, drinking, chewing gum, grooming, or applying cosmetics in the laboratory</li> <li>■ keep my work area clean and free of clutter during laboratory class</li> </ul> <p>I have read the written science safety rules prepared by my teacher and agree to follow these and any other rules.</p>			
Student's Signature:		Date:	
Parent's Signature:		Date:	
Teacher's Signature:		Date:	
<p>Please list any known allergies or health problems, such as asthma, epilepsy, or heart condition, that may affect participation in science activities. If additional space is needed, please use the back of this sheet.</p>			
<p>Do you wear contact lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>Students wearing contact lenses need to be identified in case of accidents that might require contact lens removal. Removal of contact lenses will be done by trained personnel in cases where the student cannot remove them on his/her own. All students will be required to wear safety goggles for certain activities, even if they wear contact lenses or prescription glasses.</p>			
Parent/Guardian Signature:		Date:	