

Student Science Safety Contract

Student Name:	_Course:
Teacher:	School:
Your personal safety and the safety of those around the <u>CBE Safety and Laboratory Rules</u> . Remember the and attention to the lab activity at all times. You may once this form is completed and signed for Grade 7-form is completed and signed only if using science-specific lab equipme	nat accidents can be prevented with common sense ONLY participate in science laboratory activities 12 science courses. *Note: K-6 science courses require this
 I have received instruction on safety in the laboratory. I have read, understand, and agree to abide by the CBI the safety of those around me. I will follow all instructions provided to me for each scie I understand that failure to observe the CBE Safety and result in my laboratory privileges being suspended for a solution. I understand that I can be held responsible for careless others and/or damage to the property of others. 	nce activity. I Laboratory Rules, or the teacher's instructions, may a period of time.
Student, please initial:I agree with the above five statementsI will wear splash-proof goggles as required dI will wear closed-toe shoes and tie back long	
The wearing of contact lenses in some laboratory environ lens. Some chemical companies and universities forbid th goggles. Listed below are some facts to consider concern	ne use of contact lenses even when protected by safety
 Should an accident occur which involves splashing chemical in the eye. 	nemicals into the eye, the contact lens may hold the
 In such an accident as described above, the time it ta before washing and/or medication can be administered 	ed. ey may pick up chemicals that enter the air as fumes. In
The decision to wear or not wear contact lenses in the lab the parents. Of course, all students must wear splash-pro contact lenses or prescription glasses.	
If you wear contact lenses, please initial:I am aware of the additional risks to my eyes	of wearing contact lenses during labs.
Do you have any medical concerns that your science	e teacher should be aware of? (i.e., allergies, restrictions)
Do you choose NOT to participate in any science lab learning the outcomes.	
Any personal information collected by the CBE pursuant to this form is a <i>Protection of Privacy Act</i> (" FOIP ") and the <i>School Act</i> . Such information activities referred to above, and will be treated in accordance with the present the collection of personal information or its intended use, contact the sci	will be used in connection with the provision of the programs and rivacy protection provisions of FOIP. If you have any questions about
Student Signature:	Date:
Parent/Guardian Signature:	Date: