**Student Science Laboratory Safety Contract**

I agree to:

* Act responsibly at all times in the laboratory.
* Follow all instructions given, orally or in writing, by my teacher.
* Perform only those activities assigned and approved by my teacher.
* Protect my eyes, face, hands, and body by wearing proper clothing and using protective equipment provided by my school.
* Carry out good housekeeping practices as instructed by my teacher.
* Know the location of safety and first aid equipment in the laboratory.
* Notify my teacher immediately of an emergency.
* NEVER work alone in the laboratory.
* NEVER eat or drink in the lab unless instructed to do so by my teacher.
* Handle living organisms or preserved specimens only when authorized by my teacher, and then, with respect.
* NEVER enter or work in the supply closet unless instructed to do so and supervised by my teacher.

I, ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, [print name] have read each of the statements in the Student Science Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written and verbal instructions provided by the school district or my teacher. I further agree to follow all other written and verbal instructions given in class.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date