Educate for

Science Safety Agreement

Please Print Legibly

Student Information

Name_____ Grade Level _____

Address _____ZIP_____

Home Phone _____ Work _____ Email _____

Emergency Contact _____

Do you wear contact lenses? _____

Please list any medical conditions you may have:

Parent/Guardian Information

Name_____Relationship: _____

Address *(if different from above):* _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Best time to call: _____

Email: _____

Attach your business card here

Students must have this agreement signed and returned before participation in any lab is permitted.

Safety Agreement

I, _____, have carefully read the *Student Science Information and Student Safety Agreement*. I am aware that any violation of this safety agreement that results in **unsafe** conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course. I understand Mrs. King has the final say as to what is safe/unsafe conduct. I further understand all school rules apply to labs and activities, whether conducted on or off campus to include: classroom facilities, laboratory facilities, field studies, or field trips.

Dear Parent: We feel you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. Your signature on this agreement indicates that you have read the **Student Science Information and Student Safety Agreement** and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures on a daily basis.

_____ _____

Student Signature Date Parent Signature Date