

## SAFETY AGREEMENT

I, \_\_\_\_\_, (student name) have read and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to insure my own safety, and that of my fellow students and instructor. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab/class environment. I will also closely follow additional written and oral instructions provided by the instructor, from time to time. I am aware that any violation and non-compliance of any of my instructors instructions of this safety contract that results in unsafe behavior / conduct in the lab /class or that any misbehavior on my part may results in being removed from the laboratory/class.

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Name of Student and Signature

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Date Select Date

Dear Parent/Guardian,

This contact is one way to inform of the school's effort to create and maintain a safe laboratory / classroom environment in your child's science classroom. With the cooperation of instructors, parents, and students, a safety contract such as this one can help prevent many possible hazards of lab work.

You should read through the rules so that you are aware of the safety instructions your son/daughter will be required to follow whenever work is done in lab. No student will be allowed to perform lab activities unless this contract is signed by both the student and their parent/guardian and is on file with the teacher.

Your signature on this indicates that you have read the safety rules, are aware of the measures taken to insure the safety of your son/daughter in the science laboratory and will instruct your son/daughter to uphold his/her agreement to follow these rules in the lab.

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Parent/Guardian Signature

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Date: