



Leeds Middle School
8th Grade Science Safety Contract
Teacher-Racheal Haley



Please read this entire document carefully! There are two sides!

This science classroom will be a hands-on learning environment. This means doing laboratory experiments, participating in activities and fieldwork, and other tasks that require moving around the classroom and using materials other than paper and pencil. Safety in this classroom is a top priority due to these conditions. This Science Safety Contract outlines the rules and procedures that will help keep us all safe in our learning expeditions. **Additional procedures and rules will be given for each lab.**

Students: Please initial next to each rule to show that you have read and understood what is being asked of you.

_____ No student will be allowed to participate in science activities in this classroom until this contract has been initialed by the student and signed by BOTH the student and a parent!

GENERAL RULES

_____ 1. Conduct yourself in a responsible manner at all times in this room. Horseplay, practical jokes, and pranks will NOT be tolerated.

_____ 2. Follow all written and verbal instructions carefully. If you do not understand a direction or procedure, ask the teacher before proceeding.

_____ 3. Do not touch any equipment, chemicals, or other materials in the lab area until you are instructed to do so.

_____ 4. Do not eat food, drink beverages, or chew gum in this lab. Also, do not taste, touch or smell substances created in the lab unless asked to do so by your teacher.

_____ 5. Accidents happen. Report any unsafe conditions to the teacher, including broken glass and missing or damaged equipment immediately.

_____ 6. Dispose of all materials in the way you are instructed by your teacher.

_____ 7. Keep your hands away from your face, eyes, mouth, and body while using laboratory materials.

_____ 8. Safety goggles will be worn any time chemicals, heat, or glassware are used in the lab. There are no exceptions to this rule!

_____ 9. Dress properly to conduct science experiments. Long hair must be tied back. No dangling jewelry. No loose or baggy clothing. No open-toed shoes.

____10. Know the location and proper use of all safety equipment in the science lab. This includes the eyewash station, safety shower, fire blanket, first aid kit, and button to call the office.

____11. Consider all chemicals used in the science lab to be dangerous. Do not touch or smell any chemicals unless specifically asked to do so.

____12. Do not open storage cabinets or enter the storage room without permission from the teacher.

____13. Keep your work area and the science room neat, clean, and organized.

____14. You will be assigned an area in which to work. Do not wander around the room, distract other students, or interfere with the laboratory experiments of others.

____15. Science is about learning by “doing”. Come to class prepared to participate and gain some knowledge!

Student's Full Name _____

I, _____, have read and agree to follow all of the safety rules outlined in this safety contract. I realize that I must obey these rules not only for my own safety, but for the safety of those around me. I will cooperate with my teacher and fellow students to ensure that this lab is a safe learning environment. I will also follow all directions and instructions provided for each experiment. I am aware that any violation of these science safety rules may result in my removal from the lab, detention, and/or receiving a failing grade.

Student Signature _____ Date _____

Dear Parent or Guardian,

I feel that you should be informed of the school's effort to create and maintain a safe science learning experiences. Please read the above list of safety rules that you child will be responsible for this year. Please understand that NO student will be permitted to perform science activities unless this contract is signed by both the student and their parent/guardian. This form will be kept on file in the science room. Your signature on this contract indicates that you have read this Science Safety Contract, reviewed it with your child, and are aware of the measures taken to ensure the safety of your son/daughter in the science classroom. If you have any questions regarding this contract, I can be reached at rhaley@leeds.k12.org or 205-699-4505.

Parent Signature _____ Date _____

IMPORTANT QUESTIONS:

1. Does your child wear contact lenses? Yes / No
2. Is your child colorblind? Yes / No
3. Does your child have any allergies? Yes / No

If so, please list: _____