



## Safety Contract

I, \_\_\_\_\_, have been instructed  
(Print Student Name)

in the lab safety and emergency techniques needed for my science class. I will master 100% of the lab safety objectives on my safety quiz before I participate in lab activities. I understand and agree to follow the lab safety regulations set forth in the Lab Safety Guide I received from my teacher. I will protect my eyes, face, hands, and body when involved in science experiments by following instructions and using appropriate protective equipment. I am aware that my safety and the safety of my classmates depend on my behavior in the laboratory. With this in mind, I will closely follow the oral and written instructions provided by my teacher and/or the school administration.

Date: \_\_\_\_\_  
(Student Signature)

All students will wear eye protective goggles when instructed to do so by the science teacher. Students who wear glasses will wear the goggles over their glasses. Students who wear contact lenses will wear un-vented goggles when using chemicals because of the increased risk of injury from chemical splashes. Fumes from chemicals can also interact with some contact lenses and therefore, un-vented goggles are used.

**Please check one of the two statements below:**

- \_\_\_\_\_ My son/daughter does not wear contact lenses.  
\_\_\_\_\_ My son/daughter wears contact lenses and will wear un-vented goggles when working with chemicals.

\_\_\_\_\_  
(Parent Signature)

Please list any allergies or medical conditions your child may have (food, animal, chemical, colorblindness etc). A complete list is necessary to address the many different substances used in science labs.

**Allergies/Medical Conditions** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Safety Quiz

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