



Science Laboratory Student Safety Agreement

Grades Pre-k – 4th grade

Name of Student _____

Questions

1. Do you wear contact lenses? Yes No
 2. Are you color blind? Yes No
 3. Do you have allergies? Yes No
- If so, list specific allergies _____
- _____

Grades Pre-k 4 – 4 Agreement


Dear Parent(s) or Guardian(s):

We believe that you should be informed regarding the school’s effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards. You should always be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules above. No student will be permitted to perform laboratory activities unless this agreement is signed by the parent(s)/guardian(s) and is on file with the teacher. Your signature on this agreement indicates that you have read this student safety agreement, are aware of the measures taken to ensure 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 and procedures in the laboratory.

Parent(s)/Guardian(s) Signature

Date

This safety contract was based on the Safety Contract published by Flinn Scientific, Inc.



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