



**Cobb County Middle School/High School Science Department  
Student Safety Contract**

I, \_\_\_\_\_, recognize that it is my responsibility to conduct myself in a responsible manner at all times to help create a safe science laboratory environment. I agree to assume responsibility for my own safety and for the safety of my classmates. I agree to follow the safety guidelines set forth in the laboratory procedures and to follow the teacher's instructions at all times. In addition, I will abide by the following safety rules:

- I will not bring food and/or beverages into the laboratory area
- On lab days, I will wear appropriate clothing, which includes shoes that cover the entire foot and natural fabric material that covers the body from the shoulders to the ankles. My clothing will not have rips and tears that expose the skin.
- I will wear safety goggles when required.
- I will handle all laboratory equipment as instructed.
- I will familiarize myself with laboratory techniques involved in each activity before I attempt to perform the activity.
- I will learn the location and proper use of the safety equipment and first aid in the laboratory.
- I will report any accident to the teacher immediately and know where to get help if needed.
- I will familiarize myself with the procedures to be followed in case of fire in the laboratory.
- I will keep my work station clean and organized.
- After each activity has been completed, I will dispose of all chemicals according to the teacher's directions, and I will return all materials and equipment to their proper places.
- I will follow any additional instructions, written and/or verbal, provided by the teacher.

**I agree to:**

- respect the teacher and my classmates by not interfering with the learning process
- use all equipment with care and report broken or damaged equipment immediately
- follow the written directions and the teacher's verbal instructions as to the correct use of equipment.

I understand that the equipment I use must be returned in good condition. I understand that payment will be required for any equipment I break and that I will not be allowed to participate in the laboratory activity, and may be subject to appropriate student discipline if I do not follow the safety rules listed above.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date



**Parent Support**  
**Syllabus/Course Policy, Lab-Safety, and Equipment-Use Agreement**

*Please read carefully before signing below.*

The Cobb County Science Department offers a hands-on approach to learning science. Inquiry-based activities and labs are a part of every science course. Students are expected to use the laboratory equipment appropriately and with care. All equipment must be used in a way that is consistent with either written or verbal instructions. It is expected that the equipment will be returned in the same condition it was issued. If the equipment is broken due to student negligence, such as not following directions, unauthorized experimentation, inattentiveness or horseplay, the student will be required to pay the replacement cost of the equipment.

I have read and discussed with my student the safety rules and the equipment use expectations. My student and I understand that violation of these rules may put him/her and other students in harm's way. For this reason disciplinary action to include suspension of lab privileges could be taken.

Printed Name of Parent or Guardian	Phone Number	Date
Signature of Parent or Guardian	Email address (please print clearly)	

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*The following information will be used by the classroom teacher. Please check any of the statements that apply to your child:*

\_\_\_\_\_ My child wears contact lenses.

\_\_\_\_\_ My child is color blind.

\_\_\_\_\_ My child is allergic to \_\_\_\_\_ and cannot participate in lab activities which require the use of this substance.