

**POTTS GROVE SCHOOL DISTRICT**  
**STUDENT SCIENCE LABORATORY SAFETY CONTRACT**

(Return this form to your science teacher immediately. You will not be able to participate in laboratory exercises until you and your parent/guardian return this form signed.)

I have read the Science Laboratory Safety Regulations and have asked the teacher about those points that I did not understand. I realize that failure to follow these regulations or any other laboratory instructions may endanger the safety of others and myself. I also understand that disciplinary action will be taken against me for such failure.

I will:

- Follow all instructions given by the teacher.
- Protect eyes, face, hands, and body while conducting class activities.
- Carry out good housekeeping practices.
- Know the location of first aid and fire fighting equipment.
- Conduct myself in a reasonable manner at all times in a laboratory situation.

I, \_\_\_\_\_, have read and agree to abide by the safety regulations as set forth above and also any additional instructions provided by the teacher and/or Pottsgrove School District. I further agree to follow all other written and verbal instructions given in class.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

TO THE PARENT: These regulations are written to help establish a safe environment in which students may learn. Please indicate below that you have reviewed the details of the contract with your child and that you approve of your child's participation in the laboratory program. Thank you.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**This signed contract will be kept on file with your child's science teacher.**