

ANATOMY AND PHYSIOLOGY SAFETY CONTRACT

I, _____ have read the safety rules for the biology classroom and lab and agree to follow all of the safety rules set forth in this contract. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.

*Failure to have goggles at the beginning of any lab involving heat, chemicals or glassware (except microscopy) will result in removal from the room and a grade of "0" for the lab. The removal is required by the State of SC.

I do/do not wear contact lenses.

I do/do not have a medical condition that could result in the need for emergency medical attention (explain here if you do).

Signed (student) _____ Date _____

Dear Parent or Guardian:

We feel 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 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 contract is signed by both the student and parent/guardian and is on file with the teacher, a safety test is passed with a 90% or greater, and a classroom map is constructed by the student.

Your signature on this contract indicates that you have read the Student Safety contract, 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.

Signed (parent) _____ Date _____