Chemistry Student Safety Contract

School: West Ranch	Teacher: Solarez	Date:
Student's Name:		
The student has received specific instruction following:	ion regarding the use, function	, and location of the
 □ Aprons, gloves □ Chemical spill kit □ Eye-protection devices (goggles, formula f	microwave) and techniques in to DS)	
The student will abide by the "Physical Safety Laboratory Regulations" to prevent accidents and injury to herself/himself and others and will (1) follow all additional instructions given by the teacher and (2) conduct himself/herself in a responsible manner at all times in the laboratory.		
List below any special allergies or sensitivities (e.g. to plants, animals, pollen, foods, chemicals, bee stings, etc) that may affect the student's safety in the laboratory or on field trips:		
Check this box if the student wears contact	ct lenses:	
Student's Statement I have in my possession and have read the 167-68) and agree to abide by them at all safety instructions as indicated above.		
Signature of Student	Dar	te
Parent's or Guardian's Statement I have read the "Physical Science Laborat for the student who has signed the preced variety of science equipment and material in urging that he/she observe the safety re	ing statement to engage in laborals, including those described. It gulations prescribed.	pratory activities using a pledge my cooperation
Signature of Parent or Guardian	Dat	te