

## **Student Science Safety Contract**

Student Name:	Course:
Teacher:	School:
the CBE Safety and Laboratory Rules. Remember and attention to the lab activity at all times. You	ound you depend upon the care with which you follow per that accidents can be prevented with common sense may ONLY participate in science laboratory activities a Grade 7-12 science course. *Note: K-6 science courses require equipment, i.e., goggles, gloves, scientific glassware, etc.
the safety of those around me.  3. I will follow all instructions provided to me for each  4. I understand that failure to observe the CBE Safet result in my laboratory privileges being suspended	e CBE Safety and Laboratory Rules for my own safety and for a science activity. By and Laboratory Rules, or the teacher's instructions, may
Student, please initial: I agree with the above five statements I will wear splash-proof goggles as requi I will wear closed-toe shoes and tie back	
lens. Some chemical companies and universities for	vironments can pose a danger to the eyes and/or the contact bid the use of contact lenses even when protected by safety neerning contact lens use in the laboratory environment.
<ul> <li>chemical in the eye.</li> <li>In such an accident as described above, the time before washing and/or medication can be admin</li> </ul>	se they may pick up chemicals that enter the air as fumes. In
	ne laboratory should, therefore, be that of the students and h-proof safety goggles in certain activities, even if they wear
If you wear contact lenses, please initial: I am aware of the additional risks to my of	eyes of wearing contact lenses during labs.
Do you have any medical concerns that your sc	ience teacher should be aware of? (i.e., allergies, restrictions)
you choose NOT to participate in any science la	ab activities? If "yes", you are still responsible for learning
Protection of Privacy Act ("FOIP") and the School Act. Such inform	orm is collected under the authority of Alberta's <i>Freedom of Information and</i> mation will be used in connection with the provision of the programs and in the privacy protection provisions of FOIP. If you have any questions about the science teacher listed on this form.
Student Signature:	Date:
Parent/Guardian Signature:	Date: