Name Period Date

Safety Contract

Ι,	(student's name)
have read and understand all the lab safety rules and guidelines I have been given both orally and in writing. I understand and agree to follow all of these safety rules and guidelines I have been given, and all others that are stated at anytime during the school year. At all times, I will conduct myself in a responsible manner that will make sure that everyone in the lab, classroom, or anywhere else activities are conducted, including myself, my fellow students, teachers, and bystanders, is safe. I acknowledge that if I violate this safety contract, I can be instructed to leave the laboratory, complete alternative assignments, and also may fail this course and may face other disciplinary measures, including detention or suspension from school, at the discretion of my teacher and other school officials.	
Student's signature	
Date	
Ι,	(parent/guardian's
name), have read the safety rules detailed and understand them. I understand that my son/daughter will need to adhere to these rules whenever he/she is participating in science activities, whether in the lab, classroom, on school property, or on field trips. I agree to instruct him/her to follow all instructions from the teacher at all times. I understand my child will be subject to disciplinary action for failure to comply with any safety rules or	
guidelines.	ompry with any saicty fules of
Parent/Guardian's signature	
Date	

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