

Student Science Safety Agreement

Upper Elementary School

School: San Joaquin County Office of Education

Teacher: Kirk Brown

Date: _____

Student's name: _____

The student has received specific instruction regarding the use, function, and location of the following:

- | | |
|--------------------------------------------------------------------------|--------------------------|
| Aprons, gloves | <input type="checkbox"/> |
| Chemical-spill kit | <input type="checkbox"/> |
| Eye-protective devices (goggles, face shield, safety shield) | <input type="checkbox"/> |
| Eyewash fountain, drench spray, and drench shower | <input type="checkbox"/> |
| Fire extinguisher | <input type="checkbox"/> |
| Fire blanket | <input type="checkbox"/> |
| First-aid kit | <input type="checkbox"/> |
| Heat sources (burners, hot plate, microwave) and techniques in their use | <input type="checkbox"/> |
| Material safety data sheets (MSDSs) | <input type="checkbox"/> |
| Waste-disposal containers for glass, chemicals, matches, paper, wood | <input type="checkbox"/> |

Learn the rules listed below and follow them at all times during science activities.

1. Listen carefully and follow ALL directions given by the teacher.
2. Practice good behavior at all times during science activities.
3. Ask questions if unsure of what to do.
4. Never touch, taste, or smell any material unless directed by the teacher.
5. Long hair is to be tied back. Take off any jewelry and adjust loose clothing in order to maintain safe working conditions.
6. Use proper safety eyewear and protective aprons or smocks when necessary.
7. Clear all work areas of extra books, papers, notebooks, and the like before beginning science activities. Always leave the work area clean and dispose of trash as directed by the teacher.
8. Always wash hands thoroughly after each and every science activity.
9. Tell the teacher about any accident, no matter what happens.
10. Do not carry out science activities at home without adult supervision.

List below any special allergies or sensitivities (e.g., to plants, animals, pollen, foods, chemicals, bee stings) that may affect the student's safety in the laboratory or on field trips. Attach to this sheet a list of emergency medications and procedures to be used in case the student is exposed.

Check this box if the student wears contact lenses:

Student's Statement

I, _____, understand and agree to follow the safety rules and conduct guidelines described above. I agree to follow any other guidelines or instructions provided by my teacher.

Signature of student : _____

Date: _____

Parent's or Guardian's Statement

I have read this agreement and the "Safety Regulations for Science Students" and give my consent for the student who has signed the preceding statement to engage in laboratory activities using a variety of science equipment and materials, including those described. I pledge my cooperation in urging that she or he observe the safety regulations prescribed.

Signature of parent or guardian : _____

Date: _____

Return the completed and signed form to: _____

by _____.

(date)