

KINGSTON HIGH SCHOOL SCIENCE LABORATORY AGREEMENT

I, _____, (student's name) have read and agree to follow all of the safety rules set forth in the Student Safety Contract. I realize that I must obey these rules to insure 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 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, and/ or dismissal from the science course.

Student Signature

Date

- QUESTIONS:**
- | | | |
|-------------------------------|--------|---------|
| 1. Do you wear contacts? | No ___ | Yes ___ |
| 2. Are you color blind? | No ___ | Yes ___ |
| 3. Do you have any allergies? | No ___ | Yes ___ |

Please list specific allergies: _____

Dear Parent or Guardian:

The KHS science instructors feel that you should be informed regarding the school's effort to create and maintain a safe science lab 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 they engage in any laboratory work. Please read the list of safety rules in the Student Safety Contract. No student will be permitted to perform laboratory activities unless this Agreement is signed by both the student and parent/guardian and is on file with the instructor. Your signature on this Agreement indicates that you have read the Student Safety Contract, are aware of the measures taken to insure the safety of your son/daughter in the science lab, and will instruct your student to uphold his/her Agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature

Date

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