**Seminole County Science Safety Contract**

**The following list of safety procedures pertains to my safety in the science classroom:**

* Horseplay in the science classroom is dangerous. I will practice appropriate conduct in the classroom, such as walking, using a quiet voice, keeping my hands off others, etc. I will keep my mind and eyes on what I am doing.
* I will follow written and verbal instructions concerning procedures and/or precautions. They are created for my protection.
* I will keep my personal belongings in the location that is designated by my teacher.
* Experiments done in class are for instruction. They are planned to teach an idea or concept. I will perform only authorized experiments.
* I will handle only those chemicals or equipment for which I have received instruction. I will be extremely careful with handling and storage of chemicals, equipment, and sharp objects.
* Chemicals are labeled to identify them. I will always read the label to make sure I am using the correct substance. Mixing and handling chemicals or other substances can be dangerous. I will not do so unless instructed in a planned and approved experiment.
* When working with fire, I will not reach across a flame or bring any unauthorized substances near flames. I will not burn objects. I will keep long hair away from fire. I will never leave a burner unattended.
* I will dress appropriately. I will tie long hair back, avoid wearing open shoes, dangling jewelry, and floppy sleeves.
* Safety equipment is provided in the science classroom in case of an emergency. I know how and when to use this equipment. I know where the eyewash station, fire blanket, and extinguishers are located.
* It is required by law to wear safety goggles for many laboratory situations. To prevent injury, I will wear my goggles as instructed by the teacher.
* Broken glass is dangerous. If an accident occurs, I will report it immediately to the teacher.
* I will be careful not to write in books, on tables, on lab counters, or on desks. I realize that this is a form of vandalism and I will be held responsible for my behavior.
* I will clean up after myself and my lab team. A messy area contributes to accidents.
* I will not eat, drink, or chew gum in the science classroom, unless given permission from my teacher.
* Cheating and or plagiarism will result in failure of the assignment. All work turned in by my classmates and me must be completely our own.
* I will work to stop any bullying going on around me. Bullying is bad news; I will work cooperatively within the classroom.

**Please sign and return this form to the teacher.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the science safety rules. I understand these rules have been created for my protection. I agree to follow them and do my part to make my science classroom a safe place to learn.

**For the Parent/Guardian:**

Laboratory activities are integral to the science curriculum. Student safety is our highest priority, and is enhanced by awareness and caution. Please help us to assure a safe and positive learning experience for your child by completing the items below:

* Does the student have any health problems, physical limitations, or allergies? YES NO

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does the student wear contact lenses? YES NO

I have reviewed the above student guidelines for laboratory safety with my child. I will direct any questions I may have concerning laboratory activities to the science teacher.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permission Slip for Classroom Related Technology**

To enhance student learning and prepare your child for our hi-tech world, technology will be integrated into our classroom including the use of cell phones and MP3 players/iPods. These devices will be used only with teacher supervision and strictly for academic purposes. **Students will not be able to use these devices for any general purpose or for socializing while at school.** I am sending this permission form for you to authorize the academic use of a cell phone, MP3 player/iPod, or Kindle. Please note that students are required to have a separate permission slip for each class that uses technology. I look forward to implementing these instruments in our classroom for exciting instruction. Please encourage your student to be very cautious with the technology they bring to school. *Neither the school nor the Seminole County School Board is responsible for the replacement or repair of any technology students bring to school.*

Teacher: Subject: SCIENCE

\_\_\_\_\_ I give permission for my child to use a cell phone for academic purposes.

\_\_\_\_\_ I give permission for my child to use an MP3 player/iPod for academic purposes.

\_\_\_\_\_ I give permission for my child to use a Kindle, Nook or other electronic reader for
 academic purposes.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period\_\_\_\_\_\_

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Parent Signature Date