



WCS Middle School 2019-2020
Student Science & Engineering Safety Agreement

1. I will follow all written and verbal instructions carefully. If I do not understand the direction or part of a procedure, I will ask the teacher before proceeding.
2. I will handle and use any science or engineering equipment (including computers) when and only as directed by the teachers.
3. I will protect my eyes, face and hands while engaging in lab activities by wearing the appropriate safety equipment (e.g., goggles, aprons or gloves) as directed by my teacher.
4. I will not eat, taste, or drink anything in the science or engineering lab.
5. I will wash my hands thoroughly after using chemicals and equipment. When using chemicals, I will not touch my mouth, lips, or eyes until after I have washed my hands.
6. I will dispose of laboratory waste in the appropriate manner as directed by my teachers (ex: matches, glasses, chemicals).
7. I will handle living and preserved specimens (animals) carefully and respectfully. I will not touch the cage.
8. I know the location of and how to use all safety equipment including the first aid kit, eye wash station, fire extinguisher, fire alarm, and fire exits.
9. I will report any accidents or injury to the teacher immediately, no matter how minor it may appear.
10. I understand that students are never permitted in the science or engineering prep room without teacher supervision.
11. I will keep walkways clear and clean up my supplies and the surrounding area before being dismissed.

Please complete the questions below by circling yes or no.

- | | | |
|--------------------------------|-----|----|
| 1. Do you wear contact lenses? | YES | NO |
| 2. Are you color blind? | YES | NO |
| 3. Do you have any allergies? | YES | NO |

If YES, list specific allergies: _____

Student:

I have read and agree to follow rules in the Student Science Safety Agreement. I realize that I must obey these rules to insure my own safety and that of my fellow students and teachers. I will cooperate and follow all directions provided by the teacher. I am aware that any misbehavior on my part or violation of this safety agreement that results in unsafe conduct in the science or engineering laboratory may result in being removed from the laboratory, disciplinary action, and/or receiving a failing grade on an activity.

Student Name

Student Signature

Date

Parent or Guardian:

Your signature on this agreement indicates that you have read this Student Science Safety Agreement, are aware of the measures taken to insure the safety of your student in the science or engineering laboratory, and will instruct your student to uphold his/her agreement to follow these rules and procedures in a science classroom.

Parent Name

Parent Signature

Date