

Elementary NOTICE OF SAFETY RULES

Read carefully, and then sign at the bottom of this page. Reminder needed for both ART/SCIENCE classes. Since I am working like a scientist/artist I must follow safety rules at all times. I must remember to:

- Read all instructions for a given laboratory or art activities BEFORE beginning the experiment.
- Follow ALL instructions given by the teacher to insure a safe environment.
- NEVER behave in a disruptive manner; horseplay, loud, or unruly behavior; leaving assigned group; or any other behavior that endangers me, my classmates, or lab/art equipment.
- If instructed, wear safety goggles and protective apparel **at all times** during the course of the laboratory/art activities.
- Know the location and use of all safety equipment, such as, the fire extinguisher, fire blanket, and eye wash station.
- No eating or drinking in the lab/art class (including gum).
- Dress appropriately for lab/art class, including, but not limited to:
 - ...roll up long sleeves above the elbows
 - ...remove bulky jewelry or long -hanging necklaces
 - ...tie back long hair
 - ...no open -toed shoes are permitted.

I, _____, (student), have read all of these safety rules. I understand what they mean, as they were explained to me by my teacher. I agree to abide by the safety rules and procedures listed above. Furthermore, I agree to abide by any additional printed or verbal instructions provided by my teacher.

I, _____, (student), also understand that my failure to follow these rules will result in my immediate removal from the science/art activity and/or further disciplinary actions, and that I will receive no credit for the lab/art project.

I, _____, (parent), have read this safety contract and discussed it with my child. I feel that my child understands what this safety informational sheet means, and the consequences for non-compliance.

Student Signature _____ Date _____

Parent Signature _____ Date _____



Student Safety MEDICAL NOTICE

I would like to inform you that my child has the following physical or medical conditions, which could affect his/her participation during science/art activities.

Contact lenses are controversial in the science laboratory. Some experts feel they are an added risk if there is chemical splash or absorption of vapors. As a parent/guardian, the decision is yours if your child does or does not wear contact lenses during laboratory/art activities.

Do you have allergies?

Are you color blind?

Do you wear contact lenses?

YES NO

YES NO

YES NO

If yes, list specific allergies

Parent or guardian signature

Date

(Print student's and parent/guardian's names)

(Print full home address)

(home phone number)

(work/emergency phone number)

Thank you for your cooperation and assistance in ensuring a safe environment for the hands-on approach to art/science.