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 ________________

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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.

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