



P.O. Box 23120  
3820 Nine Mile Road  
Henrico, Virginia 23223-0420  
(804) 652-3600

Student Name (please print) \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Period \_\_\_\_\_

### SCHOOL LABORATORY SAFETY CONTRACT

#### ALL SCIENCE STUDENTS WILL:

- follow all instructions given by the teacher;
- wear approved safety goggles as directed by the teacher;
- not inhale or ingest anything unless directed to do so by the teacher;
- learn the location and use of safety equipment;
- learn what to do in an emergency and where to get help;
- notify the teacher immediately of any problem or concern;
- understand directions thoroughly before beginning an activity;
- keep lab stations clear of all unnecessary materials and observe good housekeeping practices;
- learn and follow rules given in the student handbook and the Henrico County Public Schools Code of Student Conduct.

I, \_\_\_\_\_ have read, understand, and agree to observe the safety regulations set  
(student name)  
forth above. I further agree to follow all additional written and verbal instructions provided by the teacher, substitute teacher, or school administrator. I also agree to conduct myself and handle equipment in a safe and responsible manner at all times in the laboratory situation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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#### PARENT/GUARDIAN:

Special Attention: Please list any physical, medical, or other conditions (contact lenses, color blindness, allergies, etc.) which could affect your child's learning in a science class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above rules and discussed them with my child. I feel assured that my child understands them and agrees to follow them.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s):

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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STUDENTS MAY NOT PARTICIPATE IN LABORATORY ACTIVITIES UNTIL THIS SAFETY CONTRACT IS RETURNED WITH THE APPROPRIATE SIGNATURES.

<http://henricoschools.us>

Division of Instruction - 07/16