

**Goal** • Review safety procedures in the science classroom, and agree to follow them.

### What to Do

- Read this safety contract carefully.
- Place a ✓ beside each safety procedure that you understand and agree to follow.
- If you do not understand a procedure, ask about it. Get the information you need so that you can agree to follow it.
- Add any safety precaution(s) that are not included, but you feel should be.
- When you have checked each procedure, show your commitment by signing the contract and asking your teacher to witness your signature.
- Take this contract home, and ask an adult in your family to review it with you.
- With the adult, discuss any medical conditions you have that may limit your participation in science class. Fill information about these conditions into the space provided.
- Have the adult sign your completed contract.
- Return the completed and signed contract to your teacher.

### I agree to do the following:

- \_\_\_ 1. I agree to take responsibility for preparing for science activities by reading assigned materials and noting all safety precautions.
- \_\_\_ 2. I agree to enter the science classroom only if a teacher is in the room.
- \_\_\_ 3. I agree to comply with statements a. to c. below when using equipment, tools, and machinery:
- a. I have a teacher's permission.
- b. A teacher is in the room.
- c. I am using it for assigned projects.
- \_\_\_ 4. I agree to wear safety glasses, gloves, or an apron when they are required.
- \_\_\_ 5. I agree to tie or pin back hair or loose clothing; to tie back or remove jewellery; and to roll up long sleeves while working around science equipment and using hand tools.
- \_\_\_ 6. I agree to keep my work place clean and uncluttered, putting equipment back in its storage place properly when I have finished with it.
- \_\_\_ 7. I agree to follow a teacher's instructions for handling materials left over from technology or design projects, and for disposing of waste or broken materials.
- \_\_\_ 8. I agree not to talk to, interrupt, or distract a teacher or another student when they are using equipment, tools, or machinery in a science classroom.
- \_\_\_ 9. I agree not to run around or treat equipment as if it is a toy.
- \_\_\_ 10. I agree to check—every time—before using any equipment, power tool, or machinery that it is switched “off” or “stopped”.
- \_\_\_ 11. I agree to stay with machinery whenever it is running.
- \_\_\_ 12. I agree to report any accidents or problems to a teacher *immediately*.



**Safety Contract**

\_\_\_ 13. I agree to use common sense; to think before acting; and if I am not sure how to do something, I agree to ask a teacher.

\_\_\_ 14. I agree to find out and keep reminding myself where the following safety equipment is located and how to use it; emergency power switches, fire extinguisher, fire blanket, emergency exits, and first aid equipment. I agree to be prepared to use them when required.

\_\_\_ 15. \_\_\_\_\_

\_\_\_ 16. \_\_\_\_\_

\_\_\_ 17. \_\_\_\_\_

As shown by the ✓ beside each safety precaution, I, \_\_\_\_\_, have read and understand them all. I will follow them while in science classes.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature (as witness) \_\_\_\_\_

**Medical Information**

\_\_\_\_\_ has an allergy or other medical condition, such as a sensitivity to latex that requires additional safety precautions or may prevent participation in certain activities.

Describe the allergy or medical condition.

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

Describe any recommended limitation.

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

If there is a medical problem during science class, who should be contacted?

**Medical Doctor** Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Parents or Guardians**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OHIP Number** \_\_\_\_\_

**Signature of Adult Family Member** \_\_\_\_\_ **Date** \_\_\_\_\_

