



ARCHDIOCESE OF
NEW ORLEANS

Grades Pre-k 4 – 4 Agreement

Dear Parent(s) or Guardian(s):

We believe that you should be informed regarding the school's effort to create and maintain a safe science classroom/laboratory environment. With the cooperation of the instructors, parents, and students, a safety instruction program can eliminate, prevent, and correct possible hazards. You should always be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the list of safety rules found in the *Archdiocese of New Orleans Science Laboratory Student Safety Guidelines* posted on our website under Information No student will be permitted to perform laboratory activities unless this agreement is signed by the parent(s)/guardian(s) and is on file with the teacher. Your signature on this agreement indicates that you have read this student safety agreement, are aware of the measures taken to ensure the safety of your son/daughter in the science laboratory, and will instruct your son/daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent(s)/Guardian(s) Signature

Date

Name of Student _____

Questions

1. Do you wear contact lenses? Yes No
2. Are you color blind? Yes No
3. Do you have allergies? Yes No

If so, list specific allergies _____

Grades 5-12 Agreement

I, _____, have read and agree to follow all of the safety rules set forth in this agreement. I realize that I must obey these rules to ensure my own safety, and that of my fellow students and instructors. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety agreement that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, detention, receiving a failing grade, and/or dismissal from the course.

Student Signature

Date

Name of Student _____

Questions

1. Do you wear contact lenses? Yes No
2. Are you color blind? Yes No
3. Do you have allergies? Yes No

If so, list specific allergies _____

This safety contract was based on the Safety Contract published by Flinn Scientific, Inc.