



Earl Marriott Secondary Student Science Safety Contract

Student Name: _____ Course: _____
Teacher: _____ School: _____

Your personal safety and the safety of those around you depend upon the care with which you follow the Safety and Laboratory Rules. Remember that accidents can be always prevented with common sense and attention to the lab activity. You may ONLY participate in science laboratory activities once this form is completed and signed for each Grade 8-12 science course.

1. I have received instruction on safety in the laboratory.
2. I have read, understand, and agree to abide by the Safety and Laboratory Rules for my own safety and for the safety of those around me.
3. I will follow all instructions provided to me for each science activity.
4. I understand that failure to observe the Safety and Laboratory Rules, or the teacher's instructions, may result in my laboratory privileges being suspended for a period of time.
5. I understand that I can be held responsible for careless and unsafe practices on my part that cause harm to others and/or damage to the property of others.

Student, please initial:

- _____ I agree with the above five statements.
_____ I will wear splash-proof goggles as required during labs.
_____ I will wear closed-toe shoes and tie back long hair during labs.

The wearing of contact lenses in some laboratory environments can pose a danger to the eyes and/or the contact lens. Some chemical companies and universities forbid the use of contact lenses even when protected by safety goggles. Listed below are some facts to consider concerning contact lens use in the laboratory environment.

- Should an accident occur which involves splashing chemicals into the eye, the contact lens may hold the chemical in the eye.
- In such an accident as described above, the time it takes to remove the contact lens is added to the time before washing and/or medication can be administered.
- Soft contact lenses may increase the risk because they may pick up chemicals that enter the air as fumes. In such cases damage may occur to the contact lens, if not to the eye.

The decision to wear or not wear contact lenses in the laboratory should, therefore, be that of the students and the parents. Of course, all students must wear splash-proof safety goggles in certain activities, even if they wear contact lenses or prescription glasses.

If you wear contact lenses, please initial:

- _____ I am aware of the additional risks to my eyes of wearing contact lenses during labs.
Do you have any medical concerns that your science teacher should be aware of? (i.e., allergies, restrictions)

Do you choose NOT to participate in any science lab activities? If "yes", you are still responsible for learning the outcomes. _____

Any personal information collected by the CBE pursuant to this form is collected under the authority of Alberta's *Freedom of Information and Protection of Privacy Act* ("FOIP") and the *School Act*. Such information will be used in connection with the provision of the programs and activities referred to above, and will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection of personal information or its intended use, contact the science teacher listed on this form.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

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