

name _____

class _____

IRVINE UNIFIED SCHOOL DISTRICT

STUDENT SCIENCE SAFETY CONTRACT

In order to maintain a safe science learning environment, students must follow classroom rules of science safety. Please read and sign the rules with your parent or guardian. Then return this form to school. Thank you.

1. Listen to teacher directions and follow them at all times.
2. Do not touch anything in the science room without teacher permission.
3. Always walk when moving through the science room.
4. Keep work areas and floor space free of clutter.
5. Wear safety glasses and/or gloves when instructed to do so by your teacher.
6. If something spills or breaks, report the accident to the teacher.
7. Do not mix, taste, smell or dispose of chemicals without teacher permission.
8. Be careful, act responsibly and exercise good judgment at all times.

I understand and agree to follow all of the safety rules listed above.

student signature

date

I have read and discussed the science safety rules with my child.

parent signature

date

parent e-mail address

classroom teacher