

SAFETY CONTRACT

for the Student Assistant

Instructor: _____

_____ The instructor has gone over the two pages of *Safety Guidelines* (Appendix E1 & E2) with me and I have had a chance to ask questions about anything that was unclear.

_____ With regards to safety, the instructor has given me clear instructions on the specific limitations, duties, and responsibilities I have as a student assistant.

_____ I understand that I am **not** to handle **any** chemicals unless specifically told to by a teacher. In the case where a teacher requests that I handle chemicals, I will receive instruction on the proper handling techniques of those chemicals.

_____ I know the location of the eyewash, shower, fire blanket, fire extinguisher, and first-aid kit.

_____ I am **NEVER** to enter the chemical storage room.

_____ I realize that if I do not follow this contract, my privileges as a student assistant will be revoked.

I do do not wear contact lenses.
(circle one)

(Student's Name—Print)

(Student's Signature)

(Date)

What, if any, allergies or other health problems does the student have that might affect his or her ability to participate in science activities? (This information will be kept confidential.)

As parent or guardian, I have read the above contract, and I give permission for the above-signed to be a student assistant.

(Parent or Guardian's Name—Print)

(Parent or Guardian's Signature)

(Date)