

UPPER DARBY SCHOOL DISTRICT  
DEPARTMENT OF SCIENCE

**SCIENCE LABORATORY SAFETY CONTRACT**

I have read the Laboratory General Safety Regulations (on the reverse side of this page) and have asked the teacher about those points which I did not understand. I realize that failure to follow these regulations (or any other laboratory instructions) may endanger the safety of myself and others. I also understand that disciplinary action will be taken against me for failure to follow the regulations.

**I will:**

- Follow all written and verbal instructions.
- Protect eyes, face, hands, and body by wearing goggles, wearing a secured apron, and tying back long hair while conducting class activities.
- Carry out good housekeeping practices.
- Make every reasonable attempt to prevent equipment damage.
- Know the location of first aid and fire fighting equipment.
- Conduct myself in a manner that does not interfere with the learning and/or safety of others.

I have read and agree to abide by the safety regulations as set forth above and also any additional instructions provided by the teacher and/or Upper Darby School District. I further agree to follow all other written and verbal instructions given in class.

\_\_\_\_\_  
(Print Student Name)

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

TO THE PARENT: These regulations are written to help establish a safe environment in which students may learn. Please indicate by signing below that you have reviewed the details of the contract with your child and that you approve of your child's participation in the laboratory program.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Students will not be allowed to participate in laboratory activities until a signed contract is returned. The contract will be kept on file with the student's science teacher.**