

Laboratory Safety Contract:

I, _____ (student's name) have read, understand and agree to follow all the laboratory rules set forth in this contract. To ensure my own safety as well as that of other students and instructors in my class, I understand that I must obey these rules, as well as additional verbal and written procedures set forth by my instructor. I understand that the laboratory can be a dangerous place and that following these laboratory rules is critical to my continued participation in lab activities. By agreeing to follow this Laboratory Safety Contract, I understand that my failure to follow the laboratory rules may result in serious consequences, including but not limited to a reprimand, removal from the course, student conduct proceeding, or other discipline as appropriate.

I understand that I am responsible for determining whether any medical conditions I may have, including pregnancy, will compromise my safety in the lab. It is my responsibility to ask my instructor for a list of chemicals used in the experiments and to consult my physician for his or her recommendations about my participation.

Student Signature **Note: A parent or legal guardian signature is required below for any student under the age of 18 years.**

Date

Instructor _____

Course Name _____

Course Number _____

CRN# _____

Lab Room _____

For the Parent or Guardian (if under 18 years old):

I have read and reviewed the laboratory rules with my child and ensured that he/she understands them. I understand the behavior that is expected of my child and will ensure that he/she complies with the laboratory rules and any directives of the instructor.

Parent/Guardian Signature for minor

Date