C:\Users\Katie Scott\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5VYI2X9X\MC900297161[1].wmfC:\Users\Katie Scott\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\BZBL52DU\MC900371386[1].wmfLaboratory Safety Contract & Alternative Assignment Agreement

As a participating member of Mrs. Macedo’s Chemistry Class, I agree to:

* Act responsibly at all times in the laboratory.
* Follow all instructions, orally and in writing, from Mrs. Macedo.
* Perform only those activities assigned and approved by Mrs. Macedo.
* Protect my eyes, face, hands, and body by wearing proper clothing and using protective equipment provided by the school.
* Carry out good housekeeping practices as instructed by Mrs. Macedo.
* Know the location of safety and first aid equipment in the laboratory.
* Notify Mrs. Macedo immediately of an emergency.
* NEVER work alone in the laboratory.
* NEVER eat or drink in the laboratory unless instructed to do so by my teacher.
* NEVER enter or work in a supply area unless instructed to do so and supervised by Mrs. Macedo.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), have read each of the statements in the Laboratory Safety Contract and understand these safety rules. I agree to abide by the safety regulations and any additional written or verbal instructions provided by the school district or Mrs. Macedo. I further agree to follow all other written and verbal instructions given in class. I understand that science class involves many hands on activities and labs and that to ensure the best learning of all students, participation and appropriate behavior during this class is required. *I acknowledge that if I do not behave appropriately*, I (the student) will be **put on an alternative lab program, which involves independent written work. This work is to be done during the class period. If this work is not completed, the student will receive a zero for the assignment and the student’s parents will be contacted.**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_