

PEARLAND ISD BIOLOGY SAFETY AGREEMENT

A STUDENT WILL BE REMOVED FROM THE SCIENCE ACTIVITY AREA BY THE TEACHER AND RECEIVE A ZERO FOR THAT LABORATORY ACTIVITY IF:

- a. He/She is not following the prescribed safety rules for the science activity area or the particular science activity being conducted.
- b. He/She goes beyond the limits of the science activity into areas that may lead to an unsafe situation.
- c. He/She is behaving in such a manner that he/she can cause injury to him/herself or to other students.
- d. He/She has not completed the pre-experiment activities that will allow him/her to work safely in the laboratory situation.
- e. The personal appearance of dress is such that it can cause injury to him/her or to other students.

SPECIAL MEDICAL AND SAFETY CONSIDERATIONS:

LIST special medical/physical problems that the teacher needs to know about this student:

The following pose particular hazards in the laboratory under situations involving chemicals:

1. Contact lenses
2. Artificial nails
3. Hair spray

When the teacher states that a particular hazard will be present, CAUTION should be observed.

SIGNATURES, PHONE NUMBERS, & E-MAIL ADDRESSES

STUDENT: I have read all the rules for laboratory safety and understand them. I have read and understand the consequences for inappropriate behavior in a biology laboratory. I also understand that the consequences for violating these rules will be removal from the laboratory activity and a laboratory grade of zero.

PRINTED NAME: _____ SIGNATURE _____

PARENT/GUARDIAN: I have read *all* of the safety rules. I have discussed them with my child and feel that my child understands what they mean and the consequences of removal from the laboratory activity and a laboratory grade of zero for violating the rules. I have listed all of the known physical and medical problems for my child.

MOTHER/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____

EMAIL ADDRESS WORK: _____ HOME: _____

BUSINESS PHONE: _____ HOME PHONE: _____

FATHER/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____

EMAIL ADDRESS WORK: _____ HOME: _____

BUSINESS PHONE: _____ HOME PHONE: _____

***THIS AGREEMENT MUST BE COMPLETED AND ON FILE WITH THE TEACHER
BEFORE THE STUDENT CAN PARTICIPATE IN ANY LAB**