

Physics Lab Safety Contract

Physics is a laboratory science. During this course, you will be doing many investigations in which safety is a factor. To ensure safety of all students, the following safety rules will be followed. You will be responsible for abiding by these rules at all times. After reading the rules, you and a parent or guardian must sign a safety contract acknowledging that you have read and understood the rules and will follow them at all times.

General Rules

1. When instructed to do so, always wear safety goggles (and lab apron if instructed by teacher).
2. Never work alone in the laboratory.
3. Only materials needed for the experiment should be in the lab.
4. Read the entire experiment before entering the lab – never modify the written procedure unless instructed to do so by the teacher.
5. You must follow all directions carefully and use only materials and equipment provided by your teacher. Only experiments approved by your teacher may be carried out in the physics classroom.
6. Be aware of what other groups are doing when you move about in the lab area. Some lab experiments will overlap lab stations at times.
7. Wear the right clothing for the lab.
 - a. No dangling jewelry
 - b. No loose clothing, or dangling long sleeves
 - c. No open-toed shoes
8. Tie back long hair.
9. No horseplay or fooling around in the lab.
10. No food, beverages, chewing gum, or cosmetic products in the lab area during a lab.
11. If electrical equipment is used in the lab:
 - a. make sure that wires are not frayed or twisted.
 - b. be sure your hands are dry.
 - c. do not let electrical cords dangle from work stations.
12. Keep your work station clean and neat.
 - a. Do not use the lab station sinks as trash receptacles – throw all trash in a trash can.
 - b. Broken glassware should only be put into the trash receptacle labeled for “sharps”.
13. If equipment appears defective or breaks while in the lab, report it to your teacher immediately.
14. There will be no running, jumping, pushing, or other behavior considered inappropriate in the science laboratory. You must behave orderly and responsible at all times.
15. Always wash your hands with soap and water before you leave the lab.
16. All adverse incidents, *no matter how minor*, should be reported to the teacher.
 - a. Chemicals spilled on your skin – wash off immediately, then call the teacher.
 - b. A chemical gets in your eye – use the eyewash immediately and have your lab partner report the incident to the teacher.
 - c. Cut by broken glassware – rinse the injured area at the sink and have your lab partner notify the teacher.
 - d. Any burns should be reported to the teacher immediately.
 - e. Headache, dizziness, or upset stomach during a lab should be immediately reported to the teacher.

Physics Lab Safety Contract

I, _____, agree to abide by the safety precautions in this contract whenever I work in the lab. I understand that minor infractions by a student may result in a reduced lab grade and possibly removal from the lab. A major infraction will result in removal from the lab, notification of a parent or guardian, and a failing grade on the lab work. A further major infraction may result in elimination of laboratory privileges, as well as a failing lab grade, for an interval determined by LEHS administration. This contract will be kept on file for the duration of the school year.

Any medical condition(s) that may impact a student's wellbeing in the laboratory, such as asthma, allergies, or epilepsy, should be reported to the teacher. This information will be kept confidential.

Student Signature *Date*

Parent or Guardian Signature *Date*

** Upon request, students can receive a copy of this signed agreement for their own personal records*

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GEN 591

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents or guardians to AUTHORIZE emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Upon completion, parents must return this form to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent.

School District _____ School Building _____ Home Room Teacher _____ Grade _____

Student's Full Name _____
Last First Middle Social Security #

Student's Address _____
Street/Road P.O. Box/Apt. # City Zip Code

Student's Birth Date _____ Telephone () _____

Mother's Full Name _____ Daytime Phone () _____

Father's Full Name _____ Daytime Phone () _____

Guardian or Child Care Provider _____ Daytime Phone () _____

Guardian or Child Care Provider's Address _____
Street/Road P.O. Box/Apt. # City Zip

ALTERNATE EMERGENCY CONTACTS (Local people to contact if parents cannot be reached)

1. Name _____ Phone _____ 2. Name _____ Phone _____

INSURANCE INFORMATION

Student's Insurance _____ Subscriber's Name _____ ID Number _____
(primary)

TO GRANT CONSENT

In case of any emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital, and authorize these providers and hospital to give any reasonable and customary medical and health care deemed necessary:

Doctor _____ Phone () _____

Dentist _____ Phone () _____

Nurse Practitioner/Physician Assistant _____ Phone () _____

Hospital _____ Phone () _____

If, for any reason, the above listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital or medical facility. This authorization does not cover major surgery unless one other doctor/dentist concur to the need.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section. It is understood that I will financially responsible for all emergency care.