



NEW PALTZ MIDDLE SCHOOL, SCIENCE DEPARTMENT

196 Main Street, New Paltz, NY 12561 • Phone: (845) 256-4200 • Fax: (845) 256-4209 • www.newpaltz.k12.ny.us

6 Sept 2018

Dear Middle School Parent / Guardian:

I am looking forward to working with your child to foster their intellectual growth, meet their academic needs and help their development in the classroom over the coming school year. Please feel free to contact me regarding any aspect of your child's science endeavors within the classroom. Please take a moment to look over, review and sign the course lab safety agreement binder with your child. Also note, your child has been provided a syllabus for the course. I am certain it will be a pleasure working with your son/daughter this coming year in the Physical Science classroom.

Please review the attached Laboratory Safety Agreement, then complete and return the signature page.

Respectfully yours,

Mr. Ryan E Burns
New Paltz Middle School Educator
Science Department
rburns@newpaltz.k12.ny.us
Office: 845-255-4200

NO LAB WORK may be completed until this form is signed by both student and parent.



NEW PALTZ MIDDLE SCHOOL, SCIENCE DEPARTMENT

196 Main Street, New Paltz, NY 12561 • Phone: (845) 256-4200 • Fax: (845) 256-4209 • www.newpaltz.k12.ny.us

Syllabus Receipt & Laboratory Safety Agreement Form

Laboratory Safety Procedures:

1. Follow all of my instructions to the letter during all laboratory producers and activities.
2. Report any accident or injury to the instructor immediately, then follow emergency procedures as necessary.
3. If any chemical gets into the eye immediately wash the eye with a gentle stream of water from the eye wash station. Do this for 15 minutes.
4. Read the activity instructions before attempting any laboratory procedure.
5. Long hair, jewelry, and dangling clothing should be restrained when working in the laboratory. Long pants, closed shoes, aprons, and gloves may also be required for some laboratory activities.
6. No "horseplay" or "fooling around" is permitted at any time during lab activities.
7. Do not taste ANYTHING in the lab, unless instructed to do so.
8. Do not pour unused chemicals back into stock bottles.
9. When heated, test tubes should be pointed so that the open end is aimed away from yourself and others. .
10. Broken glass should be reported to teacher immediately and discarded in the container labeled for that purpose.
10. Clean all equipment and return it to the storage area before leaving the laboratory work area.

Eye Safety:

State Education Law requires that all students wear approved eye safety devices (goggles) whenever in the laboratory where instructional programs involve the use of hot solids or liquids, caustic or explosive materials, and certain tools or machinery. When instructed to wear goggles, they must be worn, until told otherwise.

By signing below signature block, I acknowledge that: I have read reviewed the syllabus for this course and are certifying that I have read the "Laboratory Safety Acknowledgement Form" and will adhere to ongoing verbal instructions from the classroom science instructor concerning safety procedures. I realize that failure to observe these instructions could result in serious injury to myself or others. I acknowledge my responsibility in taking care, when handling all materials and equipment, in order to avoid damage to equipment and injuries to myself and others. Further, that donning certain personal protective equipment during laboratory activities at the request of the instructor is required by NYS law.

Parent/Guardian (print) _____ Parent (sign) _____

Student (print) _____ Student (sign) _____

Date _____

NO LAB WORK may be completed until this form is signed by both student and parent.