

**Akron Public Schools  
High School / Middle School  
Student Safety Notification**

I, (student signature) \_\_\_\_\_, agree to abide by the following safety regulations while participating in any school activities or assignments that involve the use of chemicals, tools, equipment, or other non-textbook items for activities in classes including but not limited to science, chemistry, biology, physics, art, photography, or vocational education activities.

These rules have been established for the safety and well-being of my classmates and myself, and to provide a safe learning environment. I have read these rules and agree to follow any additional safety instructions from my teacher at all times. I agree to ask questions about any instructions I do not understand. I also understand that my failure to follow these rules may result in my immediate removal from the activity, loss of credit, and disciplinary action. By signing my name above, I agree to the following:

- To listen carefully to all instructions given for any particular activity.
- To act in a proper safe manner at all times:
  - to only work on the assigned activity
  - to not talk loudly or engage in laughing, rough-housing or any disruptive behavior
  - to work with assigned group
  - to move slowly and carefully while carrying/handling equipment/supplies
  - to not endanger myself, others, and equipment with any improper actions.
- To always dress appropriately for school activities that involve the use of chemicals, tools, equipment, or other non-textbook items for activities in such classes as science, chemistry, biology, physics, art, photography, or vocational educational activities. I further agree to:
  - not wearing loose or bulky clothing or jewelry
  - to always roll up long sleeves
  - not to wear open-toed shoes
  - to tie long hair back so it is out of the way of the activity
  - to always use goggles and protective gloves, or any special clothing that I am instructed to wear.
- To never bring food, beverages, or gum in rooms where chemicals are located.
- To never taste, eat, or drink any substances that are located within the classrooms or any time during activities.
- To use only the “wafting method” for smelling any substance whatsoever.
- To know and understand the location and use of the safety equipment in the room, such as the safety shower, eyewash station, fire blanket, and fire extinguisher.
- To report any injuries, accidents, spillage, or breakage immediately to the teacher.
- To always handle equipment and materials slowly and carefully.
- To examine equipment *before* use, and dispose of chipped/broken glassware in the designated container. I agree to R E M E M B E R that any and all broken glass does not go into the trash can.
- To follow my teacher’s directions for the correct disposal of all chemical substances.
- To clean up areas when finished, including washing and drying equipment, then return supplies and equipment to their proper locations.
- To wash my hands after all activities!
- To not violate any other school safety rules.



**As the parent/guardian of (printed name of student) \_\_\_\_\_, I have read the Akron Public Schools Student Safety Notification and discussed it with my child. My child understands this document and the consequences for noncompliance with the safety requirements listed above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please continue to fill out the back page ☺**

**Akron Public Schools  
High School / Middle School  
Student Safety Agreement**

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

I am a parent/guardian of a child wishing to participate in various special activities during courses such as, but not limited to, science, chemistry, biology, physics, art, photography, or vocational education activities sponsored by the Akron City School District Board of Education ("District"). I hereby acknowledge that I have read the Akron Public Schools Student Safety Agreement and discussed it thoroughly with my child. I certify that my child fully understands the dangerous consequences of noncompliance and/or failing to comply with the Akron Public Schools Student Safety Agreement. I further recognize and acknowledge that the activities listed above carry a certain risk of personal injury, due to my child's use of various chemicals and special equipment.

**THEREFORE**, In consideration of allowing my child's participation in the activities listed above, I agree, on behalf of myself and my child, to assume all such risks including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which my child may sustain as a result of participating in any such activities. I further promise, on behalf of myself and my child, not to sue the Akron City School District Board of Education or any of its officers, employees, or agents for actions or omissions arising from or connected with such activities, and to indemnify and hold the Akron City School District Board of Education harmless from any loss or damages incurred by the Akron City School District Board of Education as a consequence of my child's participation in the special activities listed above.

**MEDICAL NOTICE TO THE SCHOOL (to be completed by the parent/guardian)**

I would like to inform you that my child has the following physical, medical, or allergic conditions which could affect his or her participation during the special activities listed above:

\_\_\_\_\_

\* Contact lenses are controversial in the science laboratory and around some industrial products. Some experts feel that they are an added risk if a chemical splashes into the eye or infuses under the lenses, which could cause irreparable harm. Other experts argue that the physical presence of the lenses helps to protect the cornea. **Safety goggles are provided, and your child will be required to wear them during all potentially hazardous laboratory activities.** As a parent/guardian, the decision is yours if your child does or does not wear contact lenses during activities.

As the child's parent/guardian, it is my determination that my child, \_\_\_\_\_ (print name of student) **WILL WILL NOT** (circle one) be wearing contact lenses during the activities listed above.

**By signing my name below, I certify that I have read this safety agreement, discussed it with my child and understand and assume the potential risk involved with my child's participation in the above mentioned activities. I understand that if I have any questions concerning any activity that I may contact the teacher or principal directly for further clarification. To the extent I refuse to sign this agreement, I agree to immediately contact the principal and teacher to discuss alternative classes or activities for my child.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Person(s) & Telephone Number(s) \_\_\_\_\_

*\*Both parents must sign unless only one parent has legal custody*

\*Upon completion of this agreement, please return it to your child's classroom art/science teacher for filing