

Park Ridge HS

Park Ridge NJ

Student Safety Contract

_____ (class)

_____ (teacher)

I will :

- Follow all instructions given by my teacher
 - Protect my eyes, face, hands and body while conducting class activities
 - Carry out good housekeeping practices
 - Know where to get help fast (teacher, nurse, principal)
 - Know the location and use of first aid and fire fighting equipment
 - Conduct myself in a responsible manner at all times in a laboratory situation.
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- I _____ (student's name) have received, read and studied the safety in the laboratory guidelines and agree to abide by the above safety regulations and to any additional printed instructions provided by my teacher and/or the district. I further agree to follow all other written and verbal instructions that are given to me in class.

_____ (date)

_____ (student signature)