

A-H Regional MS Science Safety Policies

The policies below apply to science classes in the Anoka Hennepin School District.

Lab/Classroom/Outdoor Safety Contract

1. Horseplay in the classroom/outdoors is dangerous.
 - a. Running, pushing, or sitting on lab tables or counters will not be tolerated.
 - b. Splashing chemicals (including water) will not be tolerated.
 - c. The student will pay for all equipment broken from careless activities.
2. Listen carefully to and follow instructions.
 - a. Do not start any lab or touch the lab equipment until instructed to do so.
 - b. All instructions concerning procedures are given for your own protection.
3. Broken glass is dangerous.

Picking it up with bare hands or failing to wear shoes in the science classroom can cause serious injury.

 - a. Report any injuries to your teacher immediately.
 - b. Immediately tell your teacher if glass is broken. Do not touch any broken glass.
4. Tasting, smelling, or mixing unknown substances can be dangerous.

There will be no eating or drinking in the science lab.
5. Handle all organisms with respect.

Wash your hands after working with organisms and chemicals.
6. No unauthorized experiments are allowed in the science classroom.
7. Respect all electrical cords.

Grasp the plug firmly when plugging in or unplugging any electrical equipment.
8. Know the emergency exit procedure for your science classroom.
9. If a student does not work safely in the science classroom they will be excluded from doing lab activities.
10. Students will follow the acceptable technology uses provided by the school.

Out of Building Field Experience Contract (There may be days our class may need to journey outdoors)

1. I will follow all directions given to me by my teacher.
2. I understand that I must stay with the class at all times.
3. I will represent my school and myself by acting politely and respecting private property.

Please indicate if your student has any allergies or medical conditions of which the teacher should be aware.

Allergies: _____

Other: _____

I have read and understand the safety and out of the building contracts. I agree to follow them. Consequences for not following these guidelines may result in the losing of my lab privileges, losing computer use, losing field experience privileges, being sent to the AP office, calling home and if applicable, paying for any damage that was my responsibility.

Student Name (please print):

Student Signature:

Parent/Guardian Name (please print):

Parent/Guardian Signature:
