

## **Thomas County Middle School**

## **Lab Safety Contract**

4681 U.S. Hwy 84 Bypass Thomasville, GA 31792 (229) 225-4394 Cassie Taylor casstaylor@tcjackets.net

Name:				
Questions:	1. Do you wear contact lenses?	Yes	No	
	2. Are you color blind?	Yes	No	
	3. Do you have any serious allergies? If yes, please specify:	Yes	No	
	4. Do you have any other medical cor should know about?  If yes, please specify:	rditions the	nt your science teacher <b>No</b>	
School Lab that of my for and fellow s written instru contract the in being ren	and agree to follow all of the safety rule Safety Policy. I realize that I must obey the ellow students and teachers. I will cooper tudents to maintain a safe lab environm functions provided by the instructor. I amount results in unsafe conduct in the laboration and from the laboratory, detention, retral to the administration.	nese rules retate to the ent. I will a aware that tory or mis	to ensure my own safety and e fullest extent with my instrualso closely follow the oral are any violation of this safety behavior on my part may re	d actor nd sult
 Student			pate	
science cla understand: laboratory.	d that the rules set forth in this contract a ssroom/laboratory environment. My chile s them. My child also understands the co (Parents, if you have any questions, plec hail to cwoodfin@thomas.k12.ga.us).	d has reac onsequenc	l the safety rules and ces for unsafe conduct in the	
Parent/Gua	ırdian		ate	
instructions onecessary the	e teacher, I will provide a clean and safe on lab safety at the beginning of the yea nroughout the year. I will monitor classro assignments and will enforce the rules set	ar, and rev om activit	iew this information as y as much as possible during	
Teacher			ate	