

**ST. JOSEPH’S CATHOLIC HIGH SCHOOL, ST. THOMAS, ONTARIO**

**STUDENT SAFETY CONTRACT**

*I understand that accidents can be caused by being unprepared, careless, or in a hurry. I have read and understand the safety handout and training provided to me by my teacher. I will come to class prepared to be responsible, so that my safety and welfare as well as that of others are not jeopardized.*

I will:

* read the laboratory procedures before starting, and follow all warnings, written and oral instructions given by the teacher
* ask any questions or state any concerns I have before beginning a laboratory procedure
* know the location, purpose and use of safety equipment
* behave in a manner that will ensure the health and safety of myself and others in the laboratory or classroom at all times
* not eat or drink while participating in any laboratory activity, especially anything being used in the lab
* always wear safety goggles and other safety clothing as requested by the teacher (prescription lenses and sunglasses are not substitutes for safety goggles)
* wear closed-toe shoes and tie back long hair during laboratory activities as needed
* avoid wearing dangling jewelry or loose clothing during laboratory activities
* bring only those electronic devices required for the laboratory activities
* only use equipment that is in good working condition (no cracks, chips, etc.)
* take only as much chemical as needed and never return excess chemicals to the original container
* report ALL incidents, spills, broken glass or unsafe equipment to the teacher immediately and wait for teacher instructions
* exercise caution around heat and / or open flames
* keep my area clean and free of clutter during laboratory class
* dispose of chemicals as directed by your teacher
* wash and return all materials to their proper places
* clean my workspace and wash my hands immediately after completing the activity
* inform my teacher of any known allergies or health problems (including use of contact lenses or hearing aids) that may affect participation in science activities

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a science student at St. Joseph’s Catholic High School, have read and understoo5225d the **Student Safety** rules and requirements, the **Missing/Late Assignment Policy** and the overall expectations of me as a student as addressed on the **Course Outline**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the student named above, have read and understood the **Student Safety Contract**, the **Missing/Late Assignment Policy** AND my child’s expectations as addressed on the **Course Outline**.

If either students or parents have any questions, please contact the school (519-675-4434).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

----------------------------------------------------------------------------------------------------------------------

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a science student at St. Joseph’s Catholic High School, have read and understood the **Student Safety** rules and requirements, the **Missing/Late Assignment Policy** and the overall expectations of me as a student as addressed on the **Course Outline**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the student named above, have read and understood the **Student Safety Contract**, the **Missing/Late Assignment Policy** AND my child’s expectations as addressed on the **Course Outline**.

If either students or parents have any questions, please contact the school (519-675-4434).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

----------------------------------------------------------------------------------------------------------------------

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a science student at St. Joseph’s Catholic High School, have read and understood the **Student Safety** rules and requirements, the **Missing/Late Assignment Policy** and the overall expectations of me as a student as addressed on the **Course Outline**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of the student named above, have read and understood the **Student Safety Contract**, the **Missing/Late Assignment Policy** AND my child’s expectations as addressed on the **Course Outline**.

If either students or parents have any questions, please contact the school (519-675-4434).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date