



September 2015,

Dear parents, guardians and students,

Laboratory safety is of utmost importance for all students and teachers. Please read the following safety contract and lab rules (separate document). Science Teachers will need an emergency contact phone number and name in case of emergencies. Please print CLEARLY and write down a contact number for the DAY. Also, if the student wears contact lenses there is an extra section to read and record what brand of lenses and the student wears. Students will receive instructions on safety in the laboratory, including the location and use of the safety equipment. It is important that they read the lab safety rules before coming to school and have them printed and in their Science binder/folder ready for the first day of their Science class.

Student Safety Contract

1. I have read and I understand the Laboratory Safety Guidelines.
2. I have included the Laboratory Safety Guidelines in my notes/binder. (students --print rules before school starts)
3. I have agreed to abide by the Laboratory Safety Guidelines for my own safety and for the safety of those around me.
4. Understand that failure to observe the Laboratory Safety Guidelines may result in my laboratory privileges being suspended for a period of time.
5. I understand that I can be held responsible, including payment and/or cleanup of broken equipment, for careless and unsafe practices on my part that cause harm to others and/or damage to the property of others.

Medical concerns to be aware of: _____

Are there any science activities that you choose to not participate in because of religious beliefs or health issues? If 'yes' please identify (dissections, etc.): _____

IF student wears contacts please read the back portion of this letter and sign the information below.

Do you wear contact lenses? _____ If so what type/brand (soft/hard lenses and brand)? _____

My son/daughter will wear contacts under goggles during labs.

My son/daughter will remove their contacts for labs and wear glasses under the goggles.

Student Name (please print) Last _____ First _____ Grade/TA _____

Science Teacher: _____

Parent contact name: PRINT CLEARLY! _____

Daytime telephone numbers in case of emergency _____ (home) _____ (cell/mobile)

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

CONTACT LENS WEARERS

The use of contact lenses in some laboratory environments can pose a danger to the eyes and/or the lens. Some chemical companies and universities forbid the use of contact lenses even when protected by safety goggles. Listed below are some facts to be considered concerning contact lens use in the laboratory environment.

- a. Should an accident occur which involves splashing chemicals into the eye, the lens may hold the chemical in the eye.
- b. In such an accident as described above, the time it takes to remove the lens is added to the time before washing and/or medication can be administered.
- c. Soft contact lenses may increase the risk because they may pick up the chemicals which enter the air as fumes. In such cases damage may occur to the lens, if not the eye.

In spite of the above facts, there are teachers and professors who have continued to wear contact lenses in the laboratory and have not experienced any difficulty.

Students that take out their lenses should have a pair of glasses at school to wear under the goggles.

The decision to wear or not to wear contact lenses in the laboratory should, therefore, be that of the students and the parents.

Of course, all students must wear safety goggles in certain activities (which will be provided in the classroom), even if they wear contact lenses or prescription glasses.