

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Per: \_\_\_\_\_

# AHS Safety Agreement

PLEASE PRINT INFORMATION NEATLY

Contact lenses are controversial in the science laboratory. Some experts feel that they are an added risk if there is a chemical splashed in the eye. All students must wear safety goggles to minimize the risk of accidents. As a parent, the decision is yours and your eye care specialist's.

My child **does / does not** (circle one) wear contact lenses.

I, \_\_\_\_\_ (print parent's name), have read the syllabus. I have discussed the contents with my child and feel that my child understands the guidelines and the consequences for violating the guidelines. I would like to inform the school that my child has the following physical or medical situation that could affect his/her learning in a science class (ex: specific allergies, etc.).

- 1.
- 2.
- 3.

I, \_\_\_\_\_ (print student's name), have read the course syllabus. I agree to abide by all classroom rules, school policies, safety regulations, and any additional written or verbal instructions provided by the school district and my teacher.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent Home Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Parent Work Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Please only provide contact information if you can be reached at that number/address.