



Science Risk and Safety Notice for Parents/Guardians

School: _____ Science Class/Course: _____

Student's Name: _____ Teacher's Name: _____

An active science program presents some hazards to both staff and students. All attempts will be made however, to identify hazards and manage risks so that they become minimal. Before each activity, instructions will be given to reduce any risks. Teachers will assess the readiness level of students to protect everyone in the class. If a student is considered unready, he or she will not be able to participate in the activity. If no other opportunity to participate can be arranged, then the student's development of hands-on skills may be affected. This may affect the student's achievement.

During an activity, students are expected to follow safe procedures and wear appropriate personal protective equipment (PPE). Student compliance with safe techniques and practices is a part of a teacher's assessment of laboratory work.

The most basic piece of personal protective equipment is a pair of goggles, and these will *always* be made available to students. Like a calculator for mathematics, and running shoes for physical education goggles are personal pieces of equipment best owned by students. When students own their own goggles, they share responsibility for safety in the classroom. Parents can also appreciate that student-owned goggles will result in greater hygiene. Before purchasing their own from an outside source, students should enquire from their teacher on the type of eyewear that is most appropriate for their class.

For the parent/guardian to complete:

1. Does your child/ward have any known allergies to chemicals? YES NO

If yes, please state the allergies: _____

2. Does your child/ward wear contact lenses or prescription glasses? YES NO

Please note:

- Contact lenses can be a problem in the event of an eye injury. Students with contact lenses should wear the same eye protection as the rest of the class.
- Students wearing prescription glasses are expected to wear eye protection that fits over their eyewear.

3. Are you aware of anything else that the science teacher should know to help maintain a safe classroom? YES NO

If yes, please explain: _____

I, _____ understand and agree to follow the attached TDSB Science Lab Safety Rules to this contract.

Student's Signature: _____ Date: _____

I, the parent/guardian of _____ have read, understood and discussed the attached TDSB Science Lab Safety Rules with my child.

Parent's Signature: _____ Date: _____