



# Thomas County Central High School Lab Safety Contract

4686 U.S. Hwy 84 Bypass  
Thomasville, GA 31792  
(229) 225-5050

Laura Kornegay  
lkornegay@thomas.k12.ga.us

Name: \_\_\_\_\_

- Questions:**
- |   |            |           |
|---|------------|-----------|
| 1. Do you wear contact lenses?  | <b>Yes</b> | <b>No</b> |
| 2. Are you color blind?   | <b>Yes</b> | <b>No</b> |
| 3. Do you have any serious allergies?<br>If yes, please specify: _____  | <b>Yes</b> | <b>No</b> |
| 4. Do you have any other medical conditions that your science teacher should know about?<br>If yes, please specify: _____ | <b>Yes</b> | <b>No</b> |

## Agreement

I have read and agree to follow all of the safety rules set forth in the Thomas County Central High School Lab Safety Policy. I realize that I must obey these rules to ensure my own safety and that of my fellow students and teachers. I will cooperate to the fullest extent with my instructor and fellow students to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part may result in being removed from the laboratory, detention, receiving a failing grade for the assignment, and/or referral to the administration.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

I understand that the rules set forth in this contract are to help create and maintain a safe science classroom/laboratory environment. My child has read the safety rules and understands them. My child also understands the consequences for unsafe conduct in the laboratory. (Parents, if you have any questions, please call your child's teacher at 225-5050 or send an email to lkornegay@thomas.k12.ga.us).

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

As a science teacher, I will provide a clean and safe laboratory environment. I will provide instructions on lab safety at the beginning of the year, and review this information as necessary throughout the year. I will monitor classroom activity as much as possible during laboratory assignments and will enforce the rules set forth in this contract.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

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## Syllabus acknowledgement

I have received a syllabus from Mrs. Kornegay and I understand that I am responsible for being familiar with the information in it. I am required to keep the syllabus in my notebook during the year so that I can refer to it as necessary.

**Student's Signature:** \_\_\_\_\_

My child received a syllabus and he/she understands that it should be kept in the notebook. I understand that if I have any questions or concerns, I can contact Mrs. Kornegay.

**Parent's Signature:** \_\_\_\_\_

Please indicate contact information below:

Parent(s) name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number(s) \_\_\_\_\_