



# SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391  
BARTOW, FLORIDA 33831

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BARTOW, FLORIDA 33830

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## Polk County Science Safety Contract

I, \_\_\_\_\_, have been instructed in the lab safety and emergency techniques needed for my science class. I understand and agree to follow the lab safety regulations set forth in the Polk County Science Safety Rules I received from my teacher. I am aware that my safety and the safety of my classmates depend on my behavior in the laboratory. With this in mind, I will follow the oral and written instructions provided by my teacher and/or the school administration. If you have any questions concerning the Polk County Science Safety Rules or the Polk County Science Safety Contract, please contact your student's teacher

\_\_\_\_\_ at \_\_\_\_\_.

Teacher Name

Contact Information

You may also contact Rebecca Braaten, Senior Curriculum Coordinator for Secondary Science at 863-534-0632 or [rebecca.braaten@polk-fl.net](mailto:rebecca.braaten@polk-fl.net).

Please sign and date this form on the spaces provided below. Students will not be permitted to perform laboratory experiments and/or investigations until this form is signed and returned to your student's teacher. Thank you for your assistance with this very important matter.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Printed Name

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