



# SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391  
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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 is dependent upon following these rules and 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. I also understand that any violation of this contract could result in my removal from the science laboratory, receiving a failing grade and/or disciplinary action as outlined in the Polk County Student Code of Conduct. My signature on this contract indicates I have read the lab safety rules and contract and I will cooperate to my fullest extent.

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

Dear parent and/or guardian,

We appreciate your support and willingness to assist us as we provide your student with a safe and adequate science laboratory experience. Please take a moment to answer the following questions on behalf of your student.

Is your student color blind?  Yes  No

Does your student wear contact lenses or glasses?  Yes  No

If so, please specify which type (contacts or glasses) \_\_\_\_\_

Does your student have allergies?  Yes  No

If so, please list specific allergies \_\_\_\_\_

Your signature on this contract indicates that you have read this contract and reviewed the lab safety rules provided by your student's science teacher. Students will not be permitted to perform laboratory experiments and/or investigations until this form is signed and returned to your student's teacher.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_

Parent/Guardian Signature

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 Milton Huling, Senior Curriculum Coordinator for Secondary Science at 863 647 4769 or [milton.huling@polk-fl.net](mailto:milton.huling@polk-fl.net) . Thank you for your assistance with this very important matter.

Sincerely,



Milton Huling  
Senior Curriculum Coordinator  
Secondary Science