F**ORENSIC Science Parent / STUDENT SAFETY CONTRACT**

The student has received specific instruction regarding the use, function and location of the following:

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| --- | --- |
| ● Aprons, gloves, fire blanket, first-aid kit  | ● Eyewash fountain and safety shower  |
| ● Chemical spill kit, Fire extinguisher  | ● Heat sources (burners, hotplate) and techniques in their use  |
| ● Eye protective devices (goggles, safety shield)● Laboratory ENTRY and EXIT doors● The use of cell-phone in class is prohibited only as needed for instructional purpose.**STUDENT’S STATEMENT**  | ● Waste disposal containers for glass, chemicals, matches, paper● Is PROHIBITED recharge cell phones inside of the laboratory● Parents if you need to call your child during classes please call (305) 818-3000. Please do not call your child's cell phone directly during school hours please help us to enforce discipline.  |

I have in my possession and have read the “Forensic Science Course Syllabus” and “Safety Regulations for Forensics Students” and agree to abide by them at all times. I have received specific safety instruction as indicated above. I have read and understand the integrity policy.

**Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_

**PARENT’S OR GUARDIAN’S STATEMENT** I have read the “Forensics Science Syllabus” and “Safety Regulations for Forensics Students” and give my consent for the student who has signed the preceding statement to engage in laboratory activities using a variety of science equipment and materials, including those described. I pledge my cooperation in urging that she or he observe the safety regulations prescribed.

**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_**

**For emergency purpose, below please provide all requested information.**

* **Father’s cell phone # (\_ \_ \_) \_ \_ \_- \_ \_ \_ \_ and cellphone carrier/company: \_\_\_\_\_\_\_\_ (AT&T, Metro, Sprint Verizon, etc.)**
* **Father’s email *(please print)* \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_**
* **Preferred language for communication purpose *(please selects)* English \_\_\_\_ Spanish \_\_\_\_**
* **Mother’s cell phone # (\_ \_ \_) \_ \_ \_- \_ \_ \_ \_ and cellphone carrier/company: \_\_\_\_\_\_\_\_ (AT&T, Metro, Sprint Verizon, etc.)**
* **Mother’s email *(please print)* \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_**
* **Preferred language for communication purpose *(please selects)* English \_\_\_\_ Spanish \_\_\_\_**
* **Student’s cell phone # (\_ \_ \_) \_ \_ \_- \_ \_ \_ \_ and cellphone carrier/company: \_\_\_\_\_\_\_\_ (AT&T, Metro, Sprint Verizon, etc.)**
* **Student’s personal email *(please print)* \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ @ \_ \_ \_ \_ \_ \_ \_**
* **Student’s school email *(student ID)* \_\_\_\_\_\_\_\_\_\_\_\_ @dadeschools.net**

***ALL INFORMATION AND COMMUNICATIONS WITH THE STUDENT WILL BE SEND TO THIS EMAIL. Students should check the school email through the student portal, every day as a routine to avoid losing any information***

*Note: Cellphone carrier or company is required to establish a communication via text messaging when necessary please provide this information.*