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Student name

### Laboratory Safety and Dissection Agreement

I understand that this is a laboratory class. At certain times during this class, I will be asked to follow directions regarding my dress and behavior that will allow me to be better protected against heat, chemicals, or sharp objects. Examples include using eye protection, tying back long hair and wearing closed-toed shoes. If I choose to ignore the directions that are given, I assume all risk to myself.

I also understand that horseplay, pranks or other acts of immaturity are especially dangerous and are prohibited. I understand that I may be removed from the lab if, in the opinion of the teacher, I am a threat to myself and/or my classmates. I also understand that, on occasion, expensive equipment is used in lab. If I break this equipment because I am not following directions carefully, I will be responsible for replacing it.

I will never eat or drink in the classroom unless given permission by the teacher. I understand that all chemicals are potentially harmful to some degree and I will observe careful hygiene including washing my hands after every lab.

I understand that this class heavily emphasizes dissection, and I am able to, at the very least, watch the dissection as it is performed by another group member. I will treat all biological specimens with respect.

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Student signature

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Date

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Parent signature

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Date

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# Anatomy (H)- Coach Hatton

Student Name \_\_\_\_\_

I \_\_\_\_\_, have read and agree with the information provided to me for Anatomy.

(student signature)

I \_\_\_\_\_, have read and agree with the information provided to me for Anatomy.

(parent signature)

Parent/Guardian Information

Parent(s)/Guardian(s) Name:

Contact phone numbers:

Hm \_\_\_\_\_

Wk \_\_\_\_\_

Cell \_\_\_\_\_

Contact email address:

What is the best way to reach you? \_\_\_\_\_ phone \_\_\_\_\_ email

Anything I need to know about your child: