

Undergraduate Physics Lab Safety Consent Form

Student Information

Full Name

Student ID

Email

Course Name / Code

Instructor Name

Lab Safety Regulations

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Medical Information (Optional)

Please indicate any medical conditions or allergies relevant to lab activities:

Consent and Acknowledgment

☐ I have read and understood the laboratory safety rules and agree to abide by them. I acknowledge that failure to follow these rules may jeopardize my safety and that of others.

Student Signature

Date

