

**Safety in Science
Contact Lens Release Form**

604-2

Print on School Letterhead

Dear Parent,

The use of contact lenses in some laboratory environments can pose a danger to the eyes and/or the contact lenses. Some companies utilize or produce chemicals, and some universities forbid the use of contact lenses even when protected by safety goggles. Listed below are three facts to be considered concerning contact lens use in the science laboratory environment:

1. Should an accident occur which involves splashing chemicals into the eye, the lens may hold the chemical in the eye even when it is flushed with water.
2. In such an accident as described above, the time it takes to remove the lens is added to the time before washing and/or medication can be effective.
3. Soft contact lenses may increase the risk because they may absorb chemicals which enter the air as fumes. In such cases damage may occur to the lens, if not the eye.

In spite of the above possibilities, there are teachers and professors who have continued to wear contact lenses in the laboratory, and have not experienced any difficulty. We realize that some students may not have glasses to wear instead of contact lenses. The decision to wear contact lenses and not glasses should be the student's with the consent of the parent. Of course, all students **must** wear safety goggles during specified laboratory activities, even if they already wear contact lenses or prescription glasses.

Please check the appropriate choice below, sign, and return this form to your son or daughter's teacher. Whatever your decision should be, it is up to your son or daughter to abide by your choice. If you have any questions, please contact the department head of Science for further information.

Yours truly,

Science Department Head

Please complete and return this section to your daughter or son's Science teacher.

My daughter/son, _____, will wear contact lenses under safety goggles during labs.

2. My daughter/son, _____, will remove contact lenses prior to specified labs, and will wear glasses under the goggles.

Parent/Guardian Signature: _____

Date: _____

The legal authority for this information collection is in the Education Act R.S.O. 1980. The purpose is to inform parents and ensure proper protection for students in the science labs. User of this information will be the Science Teacher, Principal, School Support Staff, Superintendent of Education and Administrative Support Staff. This form will be retained in the documentation folder of the student's OSR for a minimum of twelve months at which time it shall be shredded. The contact person for queries concerning this information is the Principal of the home school.