



Minors Working with Hazardous Materials in Research Laboratories

Consent Forms

Instructions for Completing Safety Consent for Minors

The Minor participant working in your lab must have a signed permission slip before they can start work. They may have already signed one from their sponsoring program – you must get a copy so you can have the emergency contact information in your lab. If there is no signed permission slip, you can use this form.

The supervisor for a minor must prepare the Safety Consent for Minors for parents or legal guardians of minors to sign. Minors are defined as individuals under the age of 18.

The Safety Consent for Minors must include, at a minimum, the following information:

- The direct supervisor the participant will have at all times when handling potentially hazardous materials and by whom.
- The safety training that will be provided and by whom (EH&S classes and site/protocol specific safety training).
- A statement acknowledging that the parent(s) or legal guardian(s) understand the nature of the potential hazards and risks associated with laboratory work, including chemical, biological, and radioactive hazards, as applicable.

The parent(s) or legal guardian(s) must sign the consent form acknowledging that they:

- give permission for their son/daughter to handle the potentially hazardous agents; and that they understand the consequences of a laboratory acquired infection.
- acknowledge that the minor participant will not begin laboratory work until all required safety training has been completed; written laboratory Standard Operating Procedures (SOPs) or protocols describing the hazards of the materials used and the applicable safety requirements have been developed and reviewed.
- the minor participant must follow all Environmental Health & Safety (EH&S) rules and all instructions given by their supervisor.

The parent(s) or legal guardian(s) must sign and date the memo at the bottom and return a copy to the supervisor. The supervisor and the Program Coordinator must maintain a copy of this document in the minor's file.



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**Parent Consent and Release
Laboratory Participation**

The consent form is valid for one (1) year from the date it was signed.

Date: _____

Dear Parent/Legal Guardian: _____

Your child will soon participate/begin work at Stony Brook University in a research laboratory in:

Building: _____ Room#: _____

Department: _____

Your child will work under the direct supervision of

Supervisor's Name: _____

Individual laboratories vary in the inherent types of hazards present. While working at Stony Brook University, your child may encounter these potential hazards, for example, animal, biological, chemical, physical, or radiological hazards. Stony Brook University provides safety training to anyone who may work with these materials – in fact, your child is required to attend laboratory safety training. If you have further questions on these topics, please call Environmental Health & Safety at 632-6410 or visit their web site: <http://www.stonybrook.edu/ehs/>.

While on campus your child is required to carry a University issued ID badge at all times.

Name of Institute/Center Point of Contact: _____

Contact Information: _____

By signing this letter, you consent to the conditions as outlined above and below and affirm that you, as the parent or legal guardian, grant permission for your child to work at Stony Brook University in the designated laboratory.

I _____ am the parent or guardian of
_____ (“Child”), who wishes to participate in the
Research Laboratory listed above. I hereby give my permission for Child to participate in the
Research Laboratory.



I fully understand that, although every safety precaution will be taken, certain risks of physical injury and/or property damage always potentially exist in such a program. I agree to assume full responsibility for any risks, injuries or damage known or unknown which Child might incur as a result of participating in the Research Laboratory. I agree to assume all responsibility for all losses, costs, and damages relating to or arising out of my child's participation in the Research Laboratory. If my child is injured, I agree that any medical assistance and any related medical transportation will be at my own expense.

Acting on behalf of and in the best interest of my child and their heirs and/or representatives, and in consideration of my child participating in the Research Laboratory, I knowingly, voluntarily and expressly agree to (i) forever refrain from instituting, pressing, or in any way assisting or aiding any claim, demand, action or cause of action against The State University of New York, including Stony Brook University and Stony Brook University Hospital, and the State of New York, and their employees, directors, trustees, agents and volunteers (collectively "Releasees"), for injuries, damages, costs, loss of services or consortium, expenses or compensation resulting from or in any way arising out of my child's participation in the Activity and (ii) indemnify and hold harmless Releasees from and against all damages, claims, losses, charges, actions, suits, proceedings and all costs and expenses including, but not limited to, reasonable counsel fees and disbursements, sustained or incurred by any Indemnified Party resulting from or in any way relating to Participant's participation in the Program, including but not limited to damage to personal property, personal injury or death and loss or theft of personal property.

This Consent and Release constitutes the entire agreement with respect to the subject matter contained herein and supersedes all prior understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any provision of this Consent and Release is invalid, illegal, or unenforceable, it shall not affect any other term or provision of Consent and Release.

This Consent and Release is binding on and shall insure to the benefit of the parent, child and SUNY and their respective successors and assigns. All matters arising out of or relating to this Consent and Release shall be governed by and construed in accordance with the laws of the State of New York. Any claim or cause of action arising under this Consent and Release may be brought only in a court of competent jurisdiction in the state of New York.

In the event reasonable attempts to contact Child's parent or emergency contacts have been unsuccessful or an emergency exists making it practical or dangerous to delay treatment, I hereby give permission (i) for a licensed medical professional, selected by the University, to secure and administer all necessary treatment including hospitalization and emergency diagnostic treatment for Child and (ii) for the transfer of Child to any clinic or hospital reasonably accessible. I understand that Stony Brook University does not carry liability, medical or property damage insurance in these cases, and that the primary responsibility in case of accident will be provided by myself and/or my own insurance.



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Please contact the following in case of emergency:

Parent/Guardian Name: _____

Home telephone: _____

Work telephone: _____

Name of relative or friend: _____

Telephone: _____

Signature of Parent/Guardian: _____



Safety Agreement

I _____ (minor participant's name) have read and agree to follow all of the safety rules set forth in the training and policies of Stony Brook University. I will or have already attended the Laboratory Safety training and had an opportunity to ask questions. I realize that I must obey these rules to ensure my own safety, and that of my fellow participants and instructors. I will cooperate to the fullest extent with my instructor and fellow /participants to maintain a safe lab environment. I will also closely follow the oral and written instructions provided by the instructor. I am aware that any violation of this safety contract that results in unsafe conduct in the laboratory or misbehavior on my part, may result in being removed from the laboratory, receiving a failing grade, and/or dismissal from the program.

Minor Participant's Signature: _____

Date: _____

Dear Parent or Guardian: _____

We feel that you should be informed regarding Stony Brook University's effort to create and maintain a safe science laboratory environment. With the cooperation of the instructors, parents, and participants, a safety instruction program can eliminate, prevent, and correct possible hazards. You should be aware of the safety instructions your son/daughter will receive before engaging in any laboratory work. Please read the safety rules provided. No minor will be permitted to perform laboratory activities unless this contract is signed by both the minor and their parent/guardian and is on file with the laboratory. Your signature on this contract indicates that you have read this Safety Agreement, are aware of the measures taken to ensure the safety of your son/daughter in the science laboratory, and will instruct your son/ daughter to uphold his/her agreement to follow these rules and procedures in the laboratory.

Parent/Guardian Signature: _____

Date: _____

NOTE: This consent form, including emergency contact numbers and the signed safety agreement must be kept on file with the laboratory supervisor.

The consent form is valid for one (1) year from the date it was signed.



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