

ENVIRONMENTAL HEALTH AND SAFETY
Radiation Protection ServicesParticipant's Name: _____
(Last) (First) (Middle)

Address: _____

Zip: _____ Telephone: _____ Date of Birth: _____

I am the parent (guardian) of the above-named child who wishes to participate in the _____
Program for students which is sponsored by the State University of New York at Stony Brook. The program director has informed me, and I fully understand that although every safety precaution will be taken, certain hazards remain and risks of physical injury and/or property damage do exist in such a program. SUNY at Stony Brook will adhere to all Federal and State radiation exposure limits for minors, but all radiation exposure carries some risk. Minors will only be permitted to observe operations and will not operate x-ray equipment nor handle radioactive materials.

I understand that SUNY at Stony Brook does not carry medical or property damage insurance and that primary financial coverage in case of an accident will be provided by myself and/or my own insurance.

It is my intention in signing this statement to grant permission to SUNY at Stony Brook to allow my child to participate in the _____ Program for students.

(Date)_____
(School)_____
(Address of School)_____
(Please print name of Parent or Guardian)_____
(Signature of Parent/Guardian)_____
(Signature of Principal Investigator)_____
(Signature of Radiation Safety Officer)