

*Minors Working with Hazardous Materials in Research Laboratories
Consent Forms*

Instructions for Completing the Safety Consent for Minors

The Minor 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 should prepare the Safety Consent for Minors for parents or legal guardians of minors to sign and return to Stony Brook University. Minors are defined as individuals under the age of 18. The Safety Consent for Minors should include the following information:

1. Exactly which chemicals and other hazardous materials the student will be handling and what procedures he/she will be performing.
2. The **direct** supervisor the student will have **at all times** when handling potentially hazardous materials and by whom.
3. The safety training that will be provided and by whom (EH&S classes and site/protocol specific safety training).

The parents or legal guardians must sign the consent form indicating that they understand the potential hazards and risks as described; 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. This statement should be at the bottom of the document that you provide to the parents or legal guardians. They should sign and date the memo at the bottom and return a copy to the supervisor. The supervisor and the Program Coordinator should maintain a copy of this document in the student's file.

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

Date: _____

Dear Parent/Legal Guardian:

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

Building: _____ Department: _____ Room#: _____

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.

Sincerely,

Name of Institute/Center Point of Contact: _____

Contact Information: _____

By signing this letter, you consent to the conditions as outlined above 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 grant my child, _____, permission to participate in the Research Laboratory listed above at Stony Brook University. I grant permission to the program and its staff to treat as necessary and/or secure proper treatment for my child in case of injury. Emergency treatment will be given at University Hospital at Stony Brook. 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.

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, _____, (student'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 students and instructors. I will cooperate to the fullest extent with my instructor and fellow students 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.

Student 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 students, 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 student will be permitted to perform laboratory activities unless this contract is signed by both the student and 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 _____

<p>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.</p>
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