



# MINORS IN LABORATORY CONSENT FORM

Name of Minor:

Date of Birth:

I, the undersigned parent/guardian of the minor understand and consent to the following:

I understand that my child has been offered the opportunity to participate in a project in a laboratory or other hazardous area at Augusta University (AU) and will be assigned for the period from :

(dates)

to

Under the supervision of:

Head of Laboratory

Head of Department

I further understand that the laboratories are specialized environments involving the use of scientific instrumentation and hazardous chemicals and biological materials, which even under ideal laboratory conditions involve risk and, despite the proper use of substances and adherence to safety procedures, may result in personal injury. The hazardous chemicals and/or biohazardous materials that may be in this laboratory and to which my child may be exposed include:

Hazardous Materials\* (Biological and Chemical)

Possible Risks from Exposure

\*This list is not intended to be exhausted.

Check here if additional sheet is attached.

My child has no allergies or other physical, mental, or emotional conditions that might limit his or her ability to safely participate in the activities of this laboratory. I understand that my child will be required to attend a laboratory safety instruction course, take and successfully complete on-line training courses, and will be taught and supervised in the proper handling of laboratory equipment, chemicals and biological materials.

I give my permission to AU, its physicians, members of its facility, agents and employees to provide all emergency care and treatments as in their judgment may be deemed necessary or advisable in the event that my child should require emergency care as the result of his/her presence at AU. I assume the responsibility for the payment of all such emergency care and treatment. I also assume responsibility for the payment of all subsequent treatment and care that my child may require. I have listed emergency contact and medical insurance information below:

Emergency Contact Information

*Primary:*

*Secondary:*

Name(s):

Name(s):

Relation to Student:

Relation to Student:

Daytime Phone:

Daytime Phone:

Evening Phone:

Evening Phone:

Medical Insurance Information

Insurance Carrier:

Carrier Group #

Policy Holder's Name:

Policy Holder's ID #

If applicable, Insurance Carrier pre-certification telephone number:

Address for claim submission:

In consideration of AU permitting my child to participate in a project in a laboratory, I hereby release, indemnify and hold harmless the Board of Regents of the University System of Georgia, AU, and other members, employees, agents and authorized representatives from all claims, demands, rights, causes of action, suits, liabilities, losses, damages, costs and expenses (including attorney fees and court costs) arising out of or resulting from the presence of my child in the above referenced laboratory.

Knowing and understanding the circumstances and the risks described above, I consent to allow my child to be present and participate in a project in the above-referenced AU laboratory.

\_\_\_\_\_  
Parent/Legal Guardian (Printed Name)

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

Date:

\_\_\_\_\_  
Witness (Printed Name)

\_\_\_\_\_  
Witness (Signature)

Date:

**Please return completed form to Office of:**  
Associate Vice President  
Environmental Health and Safety  
Augusta University  
Environmental Health and Safety Division  
1405 Goss Lane, Bldg. CI-1001  
Augusta, GA 30912  
Fax: 706-721-7499

**Your child cannot participate in any laboratory activities until this form is signed and returned and final approval is granted by the Environmental Health and Safety Division.**