

The University of Alabama in Huntsville

Guidelines for Minors in the Laboratory

These guidelines apply to persons who meet each of the following criteria:

- Persons between the ages of 14 and 18
(Persons under the age of 14 are not allowed in laboratories, special cases will be considered individually.)
- Persons participating in an outreach program on the UAH campus
- Persons performing laboratory experimentation

These guidelines do not apply to:

- Traditional undergraduate/graduate students
- Persons observing laboratory experimentation

Persons meeting the above criteria are referred to in the remainder of the guidelines as “covered persons”.

These guidelines must be utilized to insure that covered persons are informed of laboratory hazards and receive appropriate safety training prior to beginning activities in UAH laboratories.

1. All covered persons must have a UAH faculty sponsor. The acceptable ratio of faculty sponsor to covered persons in the laboratory is 1:6. The faculty sponsor is responsible for insuring that safety training is obtained, that safety rules are followed, that the covered person’s activities are monitored, and that all protective equipment necessary to prevent injury is utilized. Covered persons **cannot** handle the following classifications of materials.
 - radioactive
 - infectious agents
 - class 4 lasers
2. Under direct supervision by the faculty sponsor, covered persons **may** handle the following classifications of materials/devices:
 - corrosive
 - toxic
 - flammable
 - class 3 lasers
3. Prior to the commencement of activities, the covered person’s legal guardian must complete the parental consent form and submit it to the faculty sponsor. The covered person may not begin laboratory activities until the faculty sponsor has received a written approval to proceed from the Office of Environmental Health and Safety. To obtain such approval the faculty sponsor must:
 - Submit Parental Consent Form and Project Registration Form for Minors Conducting Laboratory Experimentation to the Laboratory Safety Committee for review and approval at OEHS, JRC 151. The review and approval process will take approximately 1 week.
 - Upon review, the project is approved or modification(s) and resubmission is requested. The resubmission approval process will take approximately 2 working days.
 - Upon project approval, the OEHS will make arrangements with the faculty sponsor for covered persons to receive safety training.
 - The OEHS will transmit an approval to proceed notification to the faculty sponsor. The notification indicates the Parental Consent Form and Project Registration has been approved by the Laboratory Safety Committee, and that the covered person has been scheduled to receive laboratory safety training prior to the commencement of laboratory experimentation.

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Parental Consent Form & Emergency Contact Information

The undersigned parent/legal guardian of _____ understands, consents, and agrees as follows:

My child has my permission to participate in laboratory activities at the University of Alabama in Huntsville in the following laboratory:

Name of Faculty Sponsor/

Laboratory Location

Dates of Laboratory Activities

I understand that laboratories are specialized environments in which instrumentation, equipment, chemicals, and biological materials may be used. I understand that even under ideal laboratory conditions, the use of these items involves greater risk when used improperly. My child will attend a laboratory safety training session, and will be taught how to appropriately handle such instrumentation and materials to reduce risk. Additionally, my child will be supervised in the laboratory at all times.

Knowing the circumstances and risks described above, and in consideration of permission for my child to participate in learning activities in the above referenced laboratory, I agree to my child's participation in laboratory activities conducted at the University of Alabama in Huntsville.

I grant my permission to The University of Alabama in Huntsville, members of its faculty, agents, and employees to provide emergency care and treatments, as in their judgment may be deemed necessary or advisable in the event that my child should require emergency care while acting in the course of activities at the University. I assume the cost of the emergency care and treatment, if any. I accept responsibility for any treatment or care required by my child beyond the emergency status, and understand that I shall be liable for all costs and charges incurred on his or her behalf.

Date: _____

Witness: _____

Signed (parent/guardian): _____

Insurance Information

Policy Holder's Name: _____

Insurance Carrier: _____

Carrier Group Number: _____

Policy Number: _____

Medical Emergency Contact Information

Person to contact first

Secondary Contact

Name: _____

Name: _____

Relation to Student: _____

Relation to Student: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____