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 who are working under the supervision of a UAH faculty sponsor.
- 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.

The University of Alabama in Huntsville Parental Consent Form & Emergency Contact Information

	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:	into oracory detrictes at the emversity of rindbank in Transvine in the
Name of Faculty Sponsor/	
Laboratory Location	Dates of Laboratory Activities
chemicals, and biological materials may be to of these items involves greater risk when session, and will be taught how to approach Additionally, my child will be supervised in the Knowing the circumstances and risk participate in learning activities in the above activities conducted at the University of Alab I grant my permission to The University of the employees to provide emergency care and the in the event that my child should require emeassume the cost of the emergency care and	s described above, and in consideration of permission for my child to referenced laboratory, I agree to my child's participation in laboratory
Date: Witn	ness:
Signed (parent/guardian):	
Insurance Information Policy Holder's Name:	
Insurance Carrier:	
Carrier Group Number:	
Policy Number:	
Medical Emergency Contact Informati	on
Person to contact first	Secondary Contact
Name:	Name:
Relation to Student:	Relation to Student:
Daytime Phone:	Daytime Phone:
Evening Phone:	Evening Phone: