

**Safety Agreement and Parental Consent Form for Minors Participating in Laboratories
at Farmingdale State College**

Title/Scope/Nature of the Project/Research or Volunteer Opportunity:

Location where Project/Research or Volunteer Opportunity will be conducted:

Expected/anticipated duration of Project/Research or Volunteer Opportunity:

Hazard/Risk Assessment (include extra pages to answer the criteria below, as necessary):

1. List/identify the hazardous chemicals, activities, devices or microorganisms to be used:

2. Identify and assess the hazards/risks involved:

3. Describe the safety precautions and procedures that will be used to reduce the hazards/risks (include any/all personal protective equipment and/or engineering controls that will be required or implemented, if applicable):

4. Describe the hazardous chemical or regulated medical waste management and disposal procedures that will be used (when applicable):

5. List the source(s) of safety information:

To be reviewed and signed by the FSC Environmental Health and Safety (EH&S) Officer:

I agree with the risk assessment and safety precautions and procedures described above. I certify that I will provide technical guidance, as needed, to the Laboratory Supervisor, FSC Faculty Mentor or designee. If additional safety considerations are added below, they must be included as part of this risk assessment in order for it to be valid.

Printed Name:

Signature:

Date:

Phone:

Email:

Additional Safety Considerations:

To be completed and signed by the Laboratory Supervisor or FSC Faculty Mentor:

I agree with the risk assessment and safety precautions and procedures described above. I certify that I will provide direct supervision to the above-mentioned minor.

Printed Name:

Signature:

Date:

Position at Institution:

Phone:

Email:

To be completed and signed by the participating Minor*:

**For purposes of this form, a minor is a person under 18 years of age and does not apply to minors who are enrolled at Farmingdale State College in a degree-granting or credit bearing program.*

I, _____, (Minor's printed name) have read the hazard/risk assessment and safety precautions and procedures described above and agree to follow all of the safety rules set forth in any/all applicable training and policies provided by Farmingdale State College (FSC). I will or have already attended a laboratory safety instruction session provided by the Laboratory Supervisor, FSC Faculty Mentor or designee and had an opportunity to ask questions. I realize that I must obey these rules and policies to ensure my own safety, and that of others also in the laboratory. I will cooperate to the fullest extent to maintain a safe lab environment. I will also closely follow the oral and written instructions provided. 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 and/or dismissal from the program.

Minor Signature: _____

Date: _____

To be completed and signed by the Parent or Guardian:

You are receiving this form because you are the parent/guardian of a child under the age of 18, who has been offered the opportunity to participate in a laboratory program at Farmingdale State College (FSC). By signing below, you acknowledge your understanding that scientific laboratories are specialized environments involving the use of instrumentation, chemicals and biologicals which, even under ideal conditions, may involve a degree of risk which is probably greater than ordinarily encountered in daily life and which certainly could involve greater risk if used improperly. You also understand that FSC's laboratory personnel are mindful that they have special obligations and responsibilities to exercise care and attention in the instruction and supervision of your son/daughter, and may exclude them from activities they believe to be inherently dangerous or inappropriate to their experience level. No minor will be permitted to perform laboratory activities unless this agreement is signed by both the participating minor, his/her parent/guardian, and is on file with the laboratory.

By signing below I indicate that I have read this Safety Agreement and Parental Consent; that I understand the nature of the program and its risks; I am aware of the measures taken to ensure the safety of my child in the science laboratory, and grant permission to FSC to allow my child to participate in the research laboratory program.

I also grant permission to Farmingdale State College 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 his/her work at the College. I understand that Farmingdale State College 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.

Name of Insured: Insurance Carrier: _____

Address of Insurance Carrier: _____

Group #/ ID#: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Parent/Guardian - please identify who to contact in case of emergency:

Parent/Guardian Name:

Alternate Contact Name:

Home telephone:

Relation to Minor:

Work telephone:

Home telephone:

Mobile telephone:

Work telephone:

Mobile telephone:

When all parties have reviewed and signed this agreement, the Laboratory Supervisor or FSC Faculty Mentor must ensure that a copy of the fully executed and signed form is furnished to the following (please check upon distribution):

- Laboratory Supervisor or FSC Faculty Mentor (laboratory file)
- FSC EH&S Officer
- Participating Minor