University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

UNIVERSITY RISK MANAGEMENT

Minor in Lab Consent

This is a template to use for minors in laboratories and other potentially hazardous areas (e.g. clinical areas, animal facilities, shops) as outlined in campus policies.

Please complete the **grey highlighted** areas as applicable. Choose the appropriate minor classification option and delete the alternative. Once this form is complete, obtain the required department signatures and provide it to the individual as well as their parent/guardian for signatures. For CU Denver, forward the completed form to urmucddirs@cu.edu for security badging approval.

To	Enter minor's name Enter parent/guardian's name
From	Enter all that apply - principal investigator, laboratory director, minor's direct supervisor. (full-time faculty or staff member that has passed a background check)
CC	Department chair
Date	
Subject	Consent for Participation

Enter minor's name, hereafter referred to as “Minor,” will soon start activities at the University of Colorado in a describe location or insert laboratory's name, enter department address and room number. The Minor’s direct supervisor is enter supervisor's name. If you have questions please contact enter supervisor's name, phone, email.

The Minor’s university activities span enter dates they are to be on campus working between the hours of enter start and end time of each day.

Choose the minor classification option below and remove any that does not apply.

Option 1

☐ Volunteer ☐ Visitor, Observer, Shadow

The scope of the Minor’s activities include: describe daily activities here.

Option 2

☐ Employee ☐ University sponsored intern/trainee

Please refer to the attached document (**attach a description)** for the scope of the Minor's activities.

Individual activities and locations vary in the inherent types of hazards present. As part of the activities, the Minor may encounter the following potential hazards described in the chart below.

Identify and describe the hazards, pathogens and materials the minor will be handling and what procedures will be performed. Include the known exposure consequences and any potential illness or injury.

Type of Hazard	Pathogens and Hazardous Materials Handled	Procedures Performed	Consequence of Exposure
Animal			
Biological			
Chemical			
Physical			
Radiological			
Equipment			
(Enter Additional Hazards)			

Enter supervisor's name is the direct supervisor of the Minor who will be with the Minor at all times when handling potentially hazardous materials.

The requirements for these activities are: *Identify any safety training and required personal protective equipment. For example: All participants are required to wear proper attire. You are required to wear closed toed shoes, pants and all required personal protective equipment provided by the university. List all required PPE—long sleeved shirts, long pants, closed toe shoes, lab coat, gloves, eye protection, etc.) List any additional University and campus policies, procedures and guidelines applicable to the activities (HIPAA, FERPA).*

Identify any safety training and required personal protective equipment.

The university requires (AMC Policy) that the Minor complete the requisite safety and health training prior to working in a laboratory.

List all safety training required per EH&S (Lab safety, chemical waste management, bloodborne pathogens, and regulated medical waste).

List any additional university and campus policies, procedures and guidelines applicable (i.e. HIPAA, FERPA).

All participants are required to wear proper attire including: closed toed shoes, pants and all required personal protective equipment provided by the university.

List all required PPE (i.e. lab coat, gloves, eye protection)

The closest emergency department is located:

Include information regarding the nearest location for emergency medical treatment.

If you have questions please contact Enter supervisor's name, phone, email.

Choose the option below (labeled Option 1 or Option 2) that matches the minor's classification and remove the option that does not apply. Complete the highlighted areas and obtain the required signatures.

Option 1: *UNPAID* minors (volunteer, visitor, observer, shadow)

Acknowledgment, Consent, Authorization for Medical Care and Emergency Information

Thank you for participating in the describe area of activity. We hope your experience is safe, productive and beneficial to you. Please complete the medical insurance and emergency contact information, sign the acknowledgement, and obtain your parent/guardian signature and return the form to me.

Conditions and Provisions

- The Minor does not qualify for statutory workers' compensation insurance that applies to Colorado employees. The Minor is not an employee or agent of the University of Colorado for workers' compensation purposes and is not entitled to receive workers' compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. In the event of an injury requiring medical care, the Minor's personal health insurance will be responsible for payment of all medical care.

- It is important that proof of personal medical insurance and emergency contact information for parents/guardians is provided and carried by the Minor at all times. The university and emergency medical personnel will need this critical information.

- The Minor is required to advise his/her supervisor of any injury or illness as soon as possible.

- In the event of an emergency, permission is granted to the University of Colorado to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the duration of the Minor's participation in this designated activity. I (We) will be notified as soon as possible after the care has been provided.

In case of emergency please contact parent/guardian:

Primary Contact Name	Relationship	Phone Number[1]
Secondary Contact Name	Relationship	Phone Number[1]

[1] Please include home, cellular, work phone numbers

- Use of a privately owned vehicle, including the operation of or as a passenger, may be an option. The university does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for the privately owned vehicle.

- Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

- Participant will abide by all instructions and rules communicated by the university.

- Participant exercises free and voluntary choice to participate in these activities at the university, including use of facilities and equipment provided by the University of Colorado.

- By signing the Acknowledgment and Emergency Information Form you consent to the conditions as outlined above and affirm that you, as the parent or legal guardian, grant permission for the Minor to participate in the designated activities at the University of Colorado.

- Participant agrees to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property, resulting from or arising out of participation in the designated activities. Participant also agrees to release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of the designated activities.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

This document has been signed voluntarily and with full understanding.

Minor Consent

Minor's Name	Signature	Date
Address	City/State/Zip	Minor's age

Parental/Guardian Consent

Parent/Guardian's Name	Signature	Relationship	Date
Parent/Guardian's Name	Signature	Relationship	Date

Department Consent

Department Administrator Name	Signature	Date	Phone
Department Supervisor Name	Signature	Date	Phone
Department Head Name	Signature	Date	Phone

Option 2: *PAID* minor employees or participants in university sponsored programs for interns/trainees.

Acknowledgment and Emergency Information

Congratulations on your acceptance as an employee or intern/trainee in a university sponsored program. We hope your experience is safe, productive and beneficial to you. Please complete the emergency contact information, sign the acknowledgement, and obtain your parent/guardian signature and return the form to me.

- The Minor qualifies for statutory workers' compensation insurance that applies to Colorado employees should he/she be injured within the course and scope of his/her employment or program at the University. The sponsoring educational institution's workers' compensation insurance applies.
- The Minor is required to advise his/her supervisor of any injury or illness as soon as possible.
- In the event of an emergency, permission is granted to the University of Colorado to authorize emergency transportation; emergency medical care and/or treatment and hospital care for the duration of the Minor's participation in this designated activity. I (We) will be notified as soon as possible after the care has been provided.
- **In case of emergency please contact parent/guardian:**

Primary Contact Name	Relationship	Phone Number[1]
Secondary Contact Name	Relationship	Phone Number[1]

[1] Please include home, cellular, work phone numbers

- Use of a privately owned vehicle, including the operation of or as a passenger, may be an option while participating in the activity. The university does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for the privately owned vehicle.

- Participants in university activities are sometimes photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

- Participant will abide by all instructions and rules communicated by the university.

- Participant exercises free and voluntary choice to participate in these activities at the university, including use of facilities and equipment provided by the University of Colorado.

- By signing the Acknowledgment and Emergency Information Form you consent to the conditions as outlined above and affirm that you, as the parent or legal guardian, grant permission for the Minor to work at the University of Colorado in the designated area performing the work described above.

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the participation on behalf of said minor, as permitted by C.R.S. § 13-22-107.

Minor Consent

Minor's Name	Signature	Date
Address	City/State/Zip	Minor's age

Parental/Guardian Consent

Parent/Guardian's Name	Signature	Relationship	Date
Parent/Guardian's Name	Signature	Relationship	Date

Department Consent

Department Administrator Name	Signature	Date	Phone
Department Supervisor Name	Signature	Date	Phone
Department Head Name	Signature	Date	Phone