

**Advisory 21.0      University of Cincinnati  
Occupational Health & Safety Guideline  
On Minors in Laboratories**

Persons under 18 years of age are not allowed in University of Cincinnati laboratories where hazardous substances (chemicals, biologicals, etc.) are present or physical hazards (very hot or cold temperatures, laser light, electromagnetic frequencies, etc.) are present except under the following circumstances:

1. The minor:
  - Is employed by the University in accordance with all applicable policies, or has been formally accepted as a volunteer; and
  - Has been trained in safe laboratory procedures\*; and
  - Has adult supervision -or-
2. The minor is enrolled in a University class with a laboratory component and the class includes training in safe laboratory procedures \*; -or-
3. The minor:
  - Is participating in a University-sponsored program; and
  - Has been trained in safe laboratory procedures \*; and
  - Has adult supervision; and
  - Has all of the forms below on file, including the Parental Permission and Release of Liability Claim signed by a parent or legal guardian on file with the host department and Environmental Health and Safety.
4. If radiation generating equipment or radioactive materials are used in the laboratory, contact the Radiation Safety Office, 558-4110, for information on training and other requirements.

\* Training shall include:

- ◆ OSHA Hazard Communication      ◆ Bloodborne Pathogens
- ◆ Accident / Injury Reporting      ◆ Emergency Preparedness
- ◆ Site specific equipment operation and physical hazards

*Under **no** circumstances shall infants, toddlers, or children too young to understand safety training be permitted in University of Cincinnati laboratories except as patients or research study participants with the signed consent of a parent or legal guardian. Persons responsible for laboratories and adult supervisors should be familiar with the requirements of the University's Protection of Minors on Campus policy 16.19.*

**University of Cincinnati**  
**Acknowledgement of Laboratory Responsibilities**

(This form is to be completed by the person responsible for the laboratory.)

Name of Minor Participant: \_\_\_\_\_

- I, \_\_\_\_\_ certify that all participants, including employees, students, volunteers, and visitors, will be informed of the hazards associated with their project(s), and will be trained in safe laboratory work practices. I further certify that the minor named above has been trained in the safe laboratory work practices described in the University of Cincinnati Occupational Health and Safety Guideline on Minors in Laboratories, and will be supervised pursuant to the University's Protection of Minors on Campus Policy 16.19, by an adult familiar with the activities underway in this laboratory.
- Name and Contact Information for Adult Supervisor:
- Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Person Responsible for Laboratory)

**The completed form is to be retained by the laboratory department's administrative office.  
Send a copy of the completed and signed form to Environmental Health & Safety, ML 0218.**

**University of Cincinnati  
Certification of Training of Minor**

This document is to be completed by the principle investigator or another investigator working in laboratory where the minor's experiential or observational program will be held.

I, \_\_\_\_\_ (print name), certify that the minor named below has been trained in the safe laboratory work practices described in the University of Cincinnati Occupational Health and Safety Guideline on Minors in Laboratories as well as any laboratory-specific practices, precautions and information in order to best ensure the minor's safety while involved in the observational or experiential program. Throughout the minor's involvement in the observational or experiential program, minor will be supervised by an adult familiar with the activities conducted in the participating laboratory/laboratories.

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Signature

Date

Telephone #

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Name of minor participating in program

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Department where program will be held

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Laboratories where program will be held

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Date of Training

**The completed form is to be retained by the laboratory department's administrative office. Send a copy of the completed and signed form to Environmental Health & Safety, ML 0218.**

University of Cincinnati  
Parental Permission and Release of Liability

**To be completed by a parent or legal guardian of any minor before the minor is allowed to participate in any University of Cincinnati-sponsored observational or experiential program being held in a University of Cincinnati laboratory.**

Persons under the age of 18 are not allowed in University of Cincinnati laboratories where hazardous substances (including, but not limited to, those that are chemical or biological in nature) or physical hazards (including, but not limited to, very hot or cold temperatures, laser light, or non-ionizing radiation) are present, unless and until the parent or legal guardian of the minor has consented to the minor's participation in the observational or experiential program.

By signing this document, I, \_\_\_\_\_, (print parent/legal guardian name), parent/legal guardian of \_\_\_\_\_ (print name of minor child/legal ward), age \_\_\_\_\_ (print age of minor), give my consent for my child or ward to participate in an observational or experiential learning program at the University of Cincinnati.

I acknowledge my understanding that, by participating in an observational or experiential program held within a University of Cincinnati laboratory, my child or legal ward possibly faces risks commonly associated with working in a laboratory, such as studying or learning in areas where hazardous substances (including, but not limited to, those that are chemical or biological in nature) or physical hazards (including, but not limited to, very hot or cold temperatures, laser light, or non-ionizing radiation) are present.

In consideration for my child's or legal ward's participation in the above stated observational or experiential learning program, **I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE** the State of Ohio, the University of Cincinnati and any department thereof, the University of Cincinnati's Board of Trustees and its members, and the University of Cincinnati's officers, employees, and agents for liability from any and all claims including the negligence, of its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child or legal ward's participation in the observational or experiential learning program.

I agree to **HOLD HARMLESS AND INDEMNIFY** the State of Ohio, the University of Cincinnati and any department thereof, the University of Cincinnati's Board of Trustees and its members, and the University of Cincinnati's officers, employees, and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by any individual, including my child or ward, as a result of my child or legal ward's participation in the observational or experiential learning program.

I further agree to be financially responsible for any damages to University of Cincinnati property or equipment caused by my child or legal ward's participation in this experiential program. Finally, I understand that in order to begin and continue to remain in the experiential or observational program, my child or legal ward must act appropriately at all times, must follow all instructions,

University of Cincinnati rules and regulations, and all safety precautions conveyed to him or her and must use all safety and protective equipment provided to him or her for use while in any University of Cincinnati laboratory. If my child or legal ward fails to abide by any of the above, the University of Cincinnati reserves the right to discontinue his or her participation in the program.

**I acknowledge I have received all information necessary for me to understand the type of work being performed in the laboratory within which my child's or legal ward's program will be held as well as the specific types of hazardous substances or physical hazards that my child or legal ward might be exposed to while engaged in the program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/legal guardian)

**The completed form is to be retained by the laboratory department's administrative office. Send a copy of the completed and signed form to Environmental Health & Safety, ML 0218.**

**University of Cincinnati**  
**AUTHORIZATION TO PROVIDE MEDICAL TREATMENT TO A MINOR**

**Name of Program:**

**As a student, parent or guardian I understand that** the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** The University of Cincinnati requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

**I understand that the University of Cincinnati does not offer any form of insurance for participant while participating in Program.**

**PART 1. GENERAL INFORMATION**

Participant Name \_\_\_\_\_ (hereafter "Participant")

Parent/Legal Guardian Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth     /     /     Gender     M     F     \_\_\_\_\_

**Please list two emergency contacts:**

Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

**PART 2. MEDICAL INFORMATION**

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, *it is your responsibility to consult with your own physician* prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of most recent tetanus toxoid immunization:

Do you have health/accident insurance?      YES      NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address \_\_\_\_\_ Policy # \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM**

**For the following, circle appropriate response and explain as appropriate:**

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation?

**Yes      No**      If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program?

**Yes      No**      If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants?

**Yes      No**

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware?

**Yes      No**      If yes, please explain:

**PART 3: AUTHORIZATION FOR MEDICAL CARE**

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

I give permission to the staff to arrange necessary related transportation for the Participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician and dentist named above to administer treatment, including hospitalization at \_\_\_\_\_ (named hospital) or any hospital reasonably accessible, for the Participant named below.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent and warrant that I have provided all materials and important information to the University of Cincinnati pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the University of any changes in my mental, physical or medical condition prior Participant's scheduled Program.

By revealing or disclosing the above medical information it will not be used by University of Cincinnati personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE A MINOR CAN PARTICIPATE IN THE PROGRAM.**

**The completed form is to be retained by the laboratory department's administrative office. Send a copy of the completed and signed form to Environmental Health & Safety, ML 0218.**