

Print Name of Faculty Member

Brigham and Women's Hospital Parent/Guardian Consent Form Minors in BWH Research Laboratories

working in potentially has	zardous laboratory ai	ert Full Name) will be reas, as part of an educational opportunity with the Department of BWH) in Boston, Massachusetts.
Any minor working in a po	tentially hazardous lat	poratory work area is required to:
		ervices, at no cost, for a medical screening, which will include a test to rium tuberculosis, which can cause tuberculosis in people.
		a faculty staff member, who is trained and knowledgeable of the the risks associated with work processes.
Complete laborate	ory safety training, incl	uding:
the risks a	associated with the wo	of a faculty staff member about the laboratory area's potential hazards, ork processes, and how to identify signs and symptoms of an exposure mical, biological), if applicable.
methods t		Environmental Affairs, which consists of chemical and biological safety, laboratory hazards, emergency response, hazard communication, and ry staff.
		les, lab coat) as necessary. Training will be provided to the minor and remove safety equipment.
Follow all BWH ho	ospital policies and pro	ocedures.
Any minor working in a po	tentially hazardous lab	poratory work area is not permitted to:
 Work alone, at an 	y time, in a BWH labor	ratory.
 Work with any age 	ent or material requirin	ng continuous medical surveillance.
Work in any area	which includes exposu	ure to ionizing radiation and/or radioactive substances.
	s without specific perm required animal safety	nission from ARCM and completion of animal-related Occ. HIth raining.
my care entering potential description of the propose	ally hazardous labora ed work provided by the	bove, I am aware of the risks and possible dangers of the minor under story work areas at BWH. I have read and understand the attached e host faculty member. By signing below, I hereby give my consent for azardous laboratory work areas.
Print Name of Parent/Lega	al Guardian	Print Name of Minor
Parent/Legal Guardian Sig	gnature/Date	Minor Signature/Date
understand that all work	performed by this inc	vided safety training before any work begins, as often as necessary. I dividual will be done under my supervision. I promise to report any ment of Environmental Affairs.

Signature of Faculty Member

Date