

Request for Clearance/Consent for Employing Minors

Request must be submitted to OH&S two weeks prior to hire date for timely processing

_____ (hereinafter referred to as "participant")
(Enter or Print Name of Participating Minor)

_____ (Address including City, State, Zip)

_____ (Telephone Number)

_____ (Participant's Date of Birth)

_____ (Participant's Age)

Enrolled in High School? Yes No

_____ (School of Attendance)

Anticipated Hire Date _____

Anticipated End Date _____

If the minor will not work in a lab/hazardous area stop here and submit this form along with the ACT and other documentation to HR Records; if the minor will work in a lab, please continue completing the remainder of this form and submit completed form to OH&S, CH19 445.

The named participant will work in laboratory related activity at the University of Alabama at Birmingham (UAB) under the direction of:

_____ (PI/Faculty/Dept Head/Dir)

_____ (Department)

_____ (Location of Lab)

Detailed description of duties/activities: (please attach a sheet if more space is needed)

Please indicate by checkmark that the following will be addressed and associated documentation will be placed on file in the department:

Safety Related Training: Issuance of Personal Protective Equipment:

A statement, signed by the minor's physician on the physician's office letterhead, indicating that the minor's medical history and proposed work/potential exposure at UAB has been reviewed, should be forwarded to the UAB OH&S Employee Health Program, 933 S 19 Street, Suite 445, Birmingham, AL 35294.

_____ (Signature of PI/ Faculty/ Dept Head/Dir)

_____ (Printed Name of PI/Faculty/Dept Head/Dir)

_____ (Date)

_____ (Phone:)

Return this approved form to:

_____ (Email:)

_____ (Phone:)

This approved form will be returned by OH&S to the person listed above.

_____ (Campus Address:)

_____ (Fax:)

Some laboratory facilities or related locations at UAB are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. The attached Potential Hazard Information Table provides the most common potential hazards, but it is not intended to be an exhaustive list. Failure to adhere to established procedures may result in greater risk. The participant will receive appropriate training concerning how to identify hazards and how to work safely with materials, equipment, and animals (if applicable) and will be supervised in the handling of instrumentation, materials, and animals that may pose a risk. I understand that the participant may be removed from the project on a temporary or permanent basis if he or she refuses, or is unable, to follow the safety rules, to wear assigned personal protective equipment, or to perform activities as directed.

Prior to participation, I agree to notify the above-named faculty member/researcher or supervisor of any allergies or other physical, mental, or emotional condition that might limit the participant's ability to safely participate in activities in the laboratory.

I give permission to the University of Alabama at Birmingham, its physicians, faculty and staff members, agents, and services to provide such emergency care and treatment to the minor as in their judgment may be deemed necessary or may be advisable in the event that the minor should require emergency care while participating in the project at UAB. I agree to assume the costs of such emergency care and treatment if any such costs are incurred.

I, the undersigned Parent/Guardian of the above-referenced participant, acknowledge that I understand and hereby agree to the above:

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date _____

Daytime Phone _____

Emergency Contact (other than parent)

Emergency Phone

OH&S APPROVAL:

Occupational Health & Safety:

Date: