



Office of the Senior Vice President for Health Sciences
Office of Radiation Safety

Minors in Radiation Laboratories Consent and Release Form

Date: _____

Minor's Name (Print): _____

Parent's/Legal Guardian's Name (Print): _____

Principal Investigator's (PI) Name (Print): _____

Department Name: _____

Lab Name & Location: _____

This consent and release form is required as part of an application for the minor listed above to participate in an educational program at Howard University/Howard University Hospital in a research laboratory. This child may need to work in and around facilities where radioactive materials are present. Therefore, he/she will work under the direct supervision of the principal investigator (PI) of the lab. A brief description of the proposed lab activities should be listed below:

All educational plans for minors in laboratories are reviewed by the Howard University Radiation Safety Committee to determine that the project is appropriate for a minor student, that appropriate safety precautions are in place and all training requirements are identified and completed before the lab activities begins.

Howard University Office of Radiation Safety provides training on radiation protection and safety to all personnel who may work in the vicinity of research laboratories containing radioactive materials or equipment producing radiation sources. Your child will be required to attend laboratory radiation safety training, and may also be required to attend additional training sessions, depending on the nature of his or her particular project. If you have further question on these topics, please call the Howard University Office of Radiation Safety at (202) 806-7216.

As the Parent/Legal Guardian:

I agree, on behalf of my family, heirs and personal representatives, to assume all risks and responsibilities surrounding the minor's use of and access to Howard University/Howard University Hospital's laboratories containing radiation and radioactive materials. By signing this consent and release, I am in agreement to the conditions outlined above. In addition, I further understand that Howard University/Howard University Hospital's facilities are being made available to the minor as an educational opportunity and that he or she is not a student, employee, or affiliate of Howard University/Howard University Hospital.

Parent's/Legal Guardian's Name (*Signature*): _____

Date: _____

Principal Investigator's Name (*Signature*): _____

Date: _____