

GW SMHS is committed to providing a safe and healthy laboratory environment for all members of the campus community and visitors. Please review the SMHS Policy on Minors in Laboratories. This form, along with laboratory safety training and demonstration of a DC work permit, must be completed before a minor can access an SMHS laboratory. Forms are retained by SMHS Facilities (holumilu@gwu.edu).

Student Information	
Name:	Cell Phone:
Permanent Address (Street):	Email:
Permanent Address (City, State):	Date of Birth:
GW Start Date- End Date:	GW Scheduled Daily Hours:
Emergency Contact	
Contact Name:	Contact Cell Phone:
Relationship:	Contact Email:
School of Medicine and Health Sciences Supervisor and Facility	
Supervisor Name:	Email:
Lab Location:	Lab Phone:
Department:	Chair/Director Signature:

BOTH general laboratory safety and biosafety/bloodborne pathogen in-person training must be completed and verified before participant may begin research activity.	
Office of Health and Safety OHS: https://safety.gwu.edu/training	
GW General Laboratory Safety (in-person)	Date completed:
Office of Laboratory Safety OLS: https://labsafety.gwu.edu	
Biosafety/Bloodborne Pathogens	Date completed:

By signing this form, I agree that I have read and will follow all safety rules set forth in the training and policies of the George Washington University. I will or have already attended the required Laboratory Safety and Biosafety training and had an opportunity to ask questions. I realize that I must obey these rules to ensure my own safety and that of others. I will cooperate to the fullest extent with my supervisor to maintain a safe lab environment. I will closely follow the oral and written instructions provided by the supervisor. I am aware that any violation that results in unsafe conduct in the laboratory or misbehavior on my part may result in being removed from the laboratory.

Student Signature:	Date Signed:
Student Printed Name:	Telephone:

To be completed by Parent/Guardian:

This form addresses laboratory safety issues associated with minors working in laboratories. By signing this form, I certify that:

- I consent to the conditions under which my child will participate in research educational activities in a laboratory at GW.
- I understand that by participating in a lab program on GW's premises, my child will be involved in activities that may involve hazardous substances (and scientific equipment) and the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of the lab program that has not been explained to my satisfaction.
- I understand these risks and hereby voluntarily assume them, and any and all other risks, including injury to person and property, related to my child's participation in the lab activity.
- I agree that my child is voluntarily participating in this educational activity and is not being compelled to do so, and in consideration of their participation, I will hold harmless and indemnify GW, its trustees, faculty, staff and students, from and against all claims, damages or liability arising from, or in any way related to, my child's participation in the activity or presence at GW in relation to the activity.

Parent/Guardian Signature:	Date Signed:
Parent/Guardian Printed Name:	Telephone:

To be filled out by the Laboratory Supervisor:

Proposed Activities
Description of proposed activities and educational goals, including a list of chemicals and/or materials to be used by the student while in the laboratory.

Do the proposed activities involve any of the following? Please check all that apply

<input type="checkbox"/> Hazardous chemicals	<input type="checkbox"/> Radioactive materials	<input type="checkbox"/> Animals
<input type="checkbox"/> Infectious materials	<input type="checkbox"/> Human tissues or fluids	

Supervisory Information
Description of supervisory plan for lab activities. Describe controls to help to ensure the safety of the minor (e.g. observation only, personal protective equipment, fume hood, biosafety cabinet, autoclaves).

By signing below, I certify that I have reviewed the Policy on Minors in Laboratories and will be responsible for following all policies and procedures related to the minor's participation in the proposed educational activities.

Laboratory Supervisor Signature:	Date Signed:
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