

University of Alabama  
Minor Student Laboratory / Shop Agreement and Consent Form  
Departmental Agreement

*A copy of this document should be forwarded to (EHS) Environmental Health and Safety.*

Name of sponsored program (if applicable): \_\_\_\_\_

Principal Investigator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Faculty or Staff providing direct supervision: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_

Lab Location: \_\_\_\_\_

Name of (Minor) Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Start/date: \_\_\_\_\_ End Date: \_\_\_\_\_

Detailed description of work activities, including materials and equipment that will be used:

Training Required:

- \_\_\_\_\_ Initial Radiation safety
- \_\_\_\_\_ Annual Radiation Safety
- \_\_\_\_\_ Lab specific provided by sub licensee

I acknowledge that I have read and I am familiar with the requirements of the University Policy for Minors in Laboratories and Shops. I agree to provide supervision for the above names student, to provide the required and necessary training, and to take steps to assure his/her safety and the safety of others present in the laboratory/shop. The activities involved in the proposed work of learning activities to be performed by the above names student are activities permitted under the University Policy for Minors in Laboratories/Shops. I certify that the activities to be performed by student will limit and potential hazard or risk to the student.

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| Principal Investigator name (print or type) | Signature | Date |
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| Department chair name (print or type) | Signature | Date |
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| Minor Student Name (print or type) | Signature | Date |
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| Parent/Guardian (print or type) | Signature | Date |
|---------------------------------|-----------|------|