

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO**  
**Minors in Laboratories Consent/Signature Sheet**

**Observation/Project Information:**

Printed name of Minor \_\_\_\_\_ DOB of Minor \_\_\_\_\_

Printed name of PI/Sponsor \_\_\_\_\_ R# \_\_\_\_\_ PI Department \_\_\_\_\_

Laboratory room number(s) where observation/project will occur \_\_\_\_\_

Date(s) of observation/project \_\_\_\_\_

Personal protective equipment to be used \_\_\_\_\_

Summary of proposed observation/project including procedure and materials to be utilized:


**Sponsor Agreement:**

I AGREE TO SPONSOR \_\_\_\_\_

AND BY MY SIGNATURE BELOW AGREE THAT:

- I have read, understand, and will adhere to all applicable TTUHSCEP policies and procedures regarding minors in research laboratories or animal facilities.
- Safety Services approval must be granted before the minor may participate.
- Personal protective equipment appropriate for, and specific to, laboratory hazards will be provided.
- This minor will be supervised by the sponsoring PI at all times while in the laboratory and never left alone.
- The minor's hours of work will comply with federal labor standard 29 CFR 570.35 "Periods and Conditions of Employment."
- My laboratory is in full compliance with all applicable TTUHSCEP safety programs, policies, and regulations. I have completed this minor's hazard-specific safety training by doing the following:


Printed name of PI/Sponsor \_\_\_\_\_

Signature of PI/Sponsor \_\_\_\_\_ Date \_\_\_\_\_

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Printed name of PI/Sponsor's Department Chairperson

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Signature of PI/Sponsor's Department Chairperson

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Date

**Minor Acknowledgment:**

- I HAVE READ AND UNDERSTAND Attachment B of HSCEP OP 73.15, "Potential Hazards in Research Laboratories" information sheet explaining the hazards involved in scientific research.
- I WILL ADHERE TO all applicable TTUHSCEP policies and procedures regarding minors in research laboratories in order to protect myself and those around me from an accidental exposure.

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Printed name of Minor

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Signature of Minor

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Date

**Parent/Legal Guardian Agreement:**

- I HAVE READ AND UNDERSTAND Attachment B of HSCEP OP 73.15, "Potential Hazards in Research Laboratories" information sheet describing the potential risks and dangers associated with my child's research project.
- I AGREE AND UNDERSTAND that my child's research project may be suspended at any time, at the discretion of TTUHSCEP and its officers, agents, and employees, if the safety of my child or other employees and volunteers of TTUHSCEP becomes a concern.

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Printed name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Date

**Safety Services Approval:**

- I have reviewed this application and to the best of my knowledge, all applicable TTUHSCEP policies and procedures regarding minors in research laboratories have been properly addressed. I have reviewed the following specific requirements:
  - The hosting laboratory is in compliance with applicable TTUHSCEP safety programs, policies, and regulations.
  - The following general and hazard-specific safety training for this minor has been completed:
    - NESOP, STEPS, or Volunteer Orientation training, as appropriate
    - Laboratory Safety Training Program
    - 
    -

- Reviewed by Safety Services:

\_\_\_\_\_  
Printed name of Reviewer

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

- Approved by Safety Services:

\_\_\_\_\_  
Printed name of Approver

\_\_\_\_\_  
Signature of Approver

\_\_\_\_\_  
Date

This completed consent form shall be forwarded to the Office of Research Resources for final approval and distribution as indicated below.

\_\_\_\_\_  
Printed name of Vice President for Research

\_\_\_\_\_  
Signature of Vice President for Research

\_\_\_\_\_  
Date

**Distribution:**

**Original:**      Sponsoring Department/Investigator  
**Copies:**      Office of Research Resources  
                     Safety Services