



Parental/Legal Guardian Consent Form For Minors Working in Potentially Hazardous Work Areas

Parent/legal guardian(s): Please read the University Guidelines on “Exclusion of Minors in the Workplace at Stanford University”:

http://hrg.stanford.edu/toolkit/documents/Exclusion%20of%20Minors%20in%20the%20Workplace%20Guidelines10_02.pdf

I understand that my son/daughter (print name of minor) _____, age _____, will be working in potentially hazardous work areas (e.g., laboratories, warehouses, shops) within Stanford University, Department of **Cardiothoracic Surgery**, located in Building **Falk CVRB**, Room # **CV-024**.

Any minor working in a potentially hazardous work area must be:

- Working under the direct supervision of University staff trained and knowledgeable of the area’s potential hazards.
- Provided appropriate safety training:
 - General Safety (including emergency procedures & personal protective equipment). See EH&S’s website @ <http://www.stanford.edu/dept/EHS/prod/training/index.html>
 - Site-specific safety training (i.e., chemical safety, radiation safety, infectious agents; blood borne pathogens). Consult with **faculty** supervisor.
- Provided necessary personal protective equipment.

As parent/legal guardian of the minor named above, I am aware of, and accept the risks and dangers of my minor entering potentially hazardous work areas and hereby give my consent for him/her to enter and/or work within potentially hazardous work areas under the conditions stated above.

Print Name of Parent/Legal Guardian Parent/Legal Guardian Signature Date

(The section below is to be completed by the faculty supervisor of the area)

I attest that the minor named above has been provided safety training as necessary and that I have specifically designated a University staff member who is trained and knowledgeable of the area’s potential hazards to directly supervise and/or personally accompany the minor within the potentially hazardous work area, and provide personal protective equipment, as necessary.

Print Name of Supervisor Signature of Supervisor Date