

University of North Carolina at Chapel Hill

High School Student Laboratory Worker Agreement and Consent Form

Departmental Agreement

A copy of this document will be maintained on file at the Department of Environment, Health, and Safety and with the supervising Principal Investigator's Laboratory Safety Plan.

Name of sponsored program (if applicable): _____

Principal Investigator: _____ Phone Number: _____

Faculty or Staff providing direct supervision: _____ Phone Number: _____

Department: _____

Lab location _____

Name of High School Student: _____ Date of Birth: _____

Start/date: _____ End Date: _____

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

Training Required:

- The online "Employee Orientation for Laboratory Workers" training
- The initial laboratory safety plan training
- Other training(specify):

I acknowledge that I have read and I am familiar with the requirements of the University Policy for High School Students and Minors in Laboratories. I agree to provide supervision for the above named high school 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. The activities involved in the proposed work or learning activities to be performed by the above named student are activities permitted under the University Policy for High School Students and Minors in Laboratories. I certify that the activities to be performed by the high school student are not activities that would otherwise be performed by a paid employee. I agree to provide an appropriate and reasonable amount of funding for supplies and services to support the high school student's work.

Principal Investigator name (print or type) signature Date

Direct supervisor name (print or type) signature Date

Department Chair name (print or type) signature Date

EHS representative name (print or type) signature Date

**High School Student Laboratory Worker Agreement and Release
And Consent for Emergency Medical Treatment**

I. AGREEMENT

As part of an officially sanctioned educational program that allows high school students to participate in research activities in a laboratory located at The University of North Carolina at Chapel Hill (hereafter "University"), I hereby agree as follows:

1. I am allowed to participate in these research activities only between _____ and _____.
(Date) (Date)
2. The activities permitted are described in the attached University Policy for High School Students and Minors in Laboratories.
3. During the period of the research activities, I will not be considered an employee of the University, and I will not receive salary, payment or other University benefits. In addition I acknowledge and understand that any injuries I may sustain while performing my research at the University will not be covered by Worker's Compensation. The research laboratory under the direction of the principal investigator has agreed to provide an appropriate and reasonable amount of funding for supplies and services to support my work.
4. I agree to obtain all of the training required by the University policy "University Policy for High School Students and Minors in Laboratories" and specified in this agreement, before beginning research activities.
5. I acknowledge that the University has advised me to procure appropriate medical insurance coverage and that I have done so.
6. I will cooperate with my University mentors and comply with their directions, and I acknowledge that my failure to do so may result in the University terminating this Agreement.
7. The University has the right to terminate this Agreement at any time, with or without cause.
8. I understand that neither the University nor any of its employees or agents involved in or associated with my project assumes, nor do they intend to assume, any in loco parentis obligations with respect to me.

II. RELEASE

9. I understand the risks and hazards of this activity. I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me while I am participating in this activity.
10. I acknowledge that my participation in this activity is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage or personal injury, including death, and for any property damage that may be sustained by me as a result of my participation in this activity except that caused by the negligence of The University of North Carolina at Chapel Hill, its employees or agents.

III. CONSENT FOR EMERGENCY MEDICAL TREATMENT

11. In the event of illness or injury, I hereby authorize University employees to obtain emergency or other medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the University employee to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable. A copy of this Agreement and Release and Consent for Emergency Medical Treatment shall have the same force and effect as the original.

If the High School Student is a minor (younger than 18), one of the High School Student's parents (or legal guardians) must also signed this High School Student Laboratory Worker Agreement and Release and Consent for Emergency Medical Treatment, and all references to "I," "me," "my," and similar terms shall be read to include both the parent, or legal guardian, and the High School Student. This release and agreement is binding on myself, my heirs, assigns, and personal representatives.

Name of HS Student (Print or type)	D/O/B	Signature of HS Student	Date
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Name of Parent or Legal Guardian (Print or type)	Signature of Parent or Legal Guardian	Date
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Medical Insurance Information:

Name of Carrier	Policy Number
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