Minors in Laboratories
Parental Permission Form

I have been fully informed as to the activities associated with working in the _____ lab located at _____ in which my minor child_____
(room # & building) (name of student)
will be participating at the University of Vermont.

In the event of an emergency, I agree to allow the University of Vermont, it's agents and employees, to seek emergency medical treatment for my child. Listed below are emergency contact numbers:

_____ _____
Name Telephone #

_____ _____
Name Telephone #

I knowingly accept responsibility for the risks associated with this activity and hereby give permission for my child to participate in this activity. I agree to indemnify and hold harmless the University of Vermont, its officers and employees for any injuries or damages that I, or my child may incur, except for that which is caused by the sole negligence of the University. In signing below, I certify that my child is covered by health and accident insurance or Medicaid, and in the unlikely case of any accident, that I will provide the responding medical care facilities with the name of the carrier and policy number.

_____ _____
Parent/Guardian Signature Date

To the student (to be signed after training provided):

I accept the risks associated with working in the lab. I have been informed of safe lab practices and agree to abide by them. I agree to utilize protective equipment when indicated.

_____ _____
Student Signature Date