

AUTHORIZATION AND MEDICAL RELEASE FOR A MINOR AT THE NCI-FREDERICK

PART 1:

_____ (name) will be working in the _____
(program) at the National Cancer Institute-Frederick (NCI-F).

Mentor: _____ Phone: _____ Minor's Work Location: _____

Sponsor: _____ Phone: _____

The minor's duties and responsibilities will be: (Description of Duties)

Potential health and safety risks of the environment are:

- | | |
|--|---|
| <input type="checkbox"/> Flammable & combustible liquids | <input type="checkbox"/> Corrosives (acids & bases) |
| <input type="checkbox"/> Explosive materials | <input type="checkbox"/> Compressed gases |
| <input type="checkbox"/> Unstable compounds | <input type="checkbox"/> Oxidizers |
| <input type="checkbox"/> Cryogenics | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Carcinogens, Reproductive Toxins, Acutely Toxic Chemicals | <input type="checkbox"/> Biologically hazardous materials |

Mentors/Sponsors are responsible for informing minors of hazards associated with their project. Minors will be trained in safe laboratory work practices, and will be supervised by an adult familiar with the project area. Minors will attend a one-day safety training course prior to the start of their internship.

PART 2:

I hereby authorize my child (named above) to work at the NCI-Frederick as indicated herein. I authorize Occupational Health Services to provide, with his or her consent, any routine tests or physical examinations which are generally recognized as safe (including tuberculosis skin test, urine and blood analyses) and routine out-patient treatment (including emergency care) which may be necessary during normal working hours of the period of his or her employment at the NCI-Frederick, I understand that if my child has a serious condition or requires long term treatment or hospitalization, I shall be notified so that arrangements may be made to refer him or her to our private physician or clinic for such further care. I consent to the disclosure of his or her medical records to our private physician or clinic. In the event of an emergency, I give consent for my child to receive treatment as necessary.

Signature: _____
Parent or Legal Guardian

Date: _____

Address: _____

Home Phone: _____

Cell Phone: _____

EHS/OHS Office Use Only

Date received in EHS: _____

Reviewed by: _____

EHS Notes:

Date received in OHS: _____

Reviewed by: _____

OHS Notes: