This procedure establishes required measures to be taken when a high school student is being considered for work in a PSU laboratory, ensuring that s/he has received the appropriate instruction and has parental consent.

1. Faculty Sponsorship: The student must be sponsored by a member of the Penn State University faculty. This faculty sponsor is responsible for ensuring that this procedure is completed and that the student's activities are supervised closely. The faculty sponsor must also ensure that the student's activities will not include direct work with:
   - Corrosive materials
   - Toxic chemicals, including carcinogens
   - Radioactive materials
   - Flammable liquids
   - Infectious agents

2. Parental Consent: The student's parent or guardian must complete the Parental Consent Statement and Insurance Documentation form and submit it to the sponsoring faculty.

3. Laboratory Safety Approval: The sponsoring faculty must complete the Proposal for High School Student to Conduct Research or Work (Paid or Unpaid) in a Laboratory/Department form. When the Department Chair has signed the proposal, the sponsoring faculty sends the completed form, along with the completed parental consent form, to Environmental Health and Safety, 6 Eisenhower Parking Deck, University Park, PA and Risk Management, Suite 103, Rider Building II, State College, PA

4. The sponsoring faculty makes arrangements for student to receive all appropriate training.

5. Student may begin work when training has been completed.

6. The Laboratory Safety Approval must be resubmitted if there are any substantial changes in the activities or scope of work.

Contact Kate Lumley-Sapanski, 814-865-6391 with any questions.
The undersigned parent/guardian of ______________________understands, hereby consents and agrees as follows:

1. My child has been offered the opportunity to work (either paid or unpaid) at Penn State University, assigned to the following identified laboratory:

   Name of Head of Laboratory/Head of Department | Term of Internship
   -----------------------------------------------|-----------------------------------------------
   _____________________________________________ | _____________________________________________

   I understand that laboratories are specialized environments involving the use of scientific instrumentation, chemicals and biological materials, which even under ideal laboratory conditions may involve greater risk if used improperly.

   My child will be required to attend a laboratory safety instruction and will be taught and supervised in the proper handling of such instrumentation and materials to minimize risk.

   Knowing the circumstances and risks described above, and in consideration of permission for my child to work in the above-referenced laboratory, I agree, on behalf of myself and my family, to my child’s working in the Penn State University laboratory.

2. I grant my permission to Penn State University, its physicians, members of its faculty, agents, servants and employees to provide such emergency care and treatments, as in their judgment may be deemed necessary or advisable in the event that my child should require emergency care while acting in the course of his/her work at the University. I assume the cost of such emergency care and treatment, if any.

3. I accept responsibility for any treatment or care required by my child beyond the emergency status, and understand that I shall be liable for all costs and charges incurred on his or her behalf.

   Date: _______________________   Witness: _______________________  
   Signed (parent/guardian) ____________________________________________

Insurance Information

   Insurance Carrier: __________________ Carrier Group Number: _____________
   Policy Holder’s Name: ______________ Policy Holder’s ID#: ______________
   If applicable, Insurance Carrier pre-certification telephone number: __________
   Address for claim submission: __________________________________________

Medical Emergency Contact Information

   Person(s) to contact first and second: Backup contact (relative or friend)
   Name(s): ________________________ Name(s): ________________________
   Relation to Student: ______________ Relation to Student: ______________
   Daytime phone: ___________________ Daytime phone: ___________________
   Evening phone: ___________________ Evening Phone: ___________________

Please return completed form to Head of Laboratory identified above, Penn State University, University Park, PA 16802

Note: Head of Laboratory – copy for records before attaching proposal form
Penn State University
Proposal for High School Student to Conduct Research or Work (paid or unpaid) in a Laboratory/Department

Student’s Last Name:______________________________ First Name:________________________
Current School:__________________________________________________________________________
Research Starting Date:___________________________________ Concluding Date:___________________

Description of project the above student will be doing:_____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please provide a summary of techniques this student is likely to use, as well as the materials and equipment in the laboratory which require particular care; these should be discussed with the student:

Techniques:______________________________________________________________________________
________________________________________________________________________________________

Materials and Equipment:___________________________________________________________________
________________________________________________________________________________________

Note: Significant changes in the activities or scope of work described above will require re-submission

Does your laboratory use:
Radioactive materials yes □ no □ Carcinogenic substances yes □ no □
Toxic & hazardous substances yes □ no □ Corrosive materials yes □ no □
Flammable substances yes □ no □ Lasers yes □ no □
Infectious agents yes □ no □ Lab animals yes □ no □
Other hazards__________________

Please describe any involvement the student might have with any of the above:_________________________
________________________________________________________________________________________

Please describe the student’s past lab science courses, lab experience, etc.:___________________________
________________________________________________________________________________________

Department Chair
Signature:_____________________________ Print Name:_______________________________
Date:_________________________________ Date:____________________________________

Sponsoring Faculty Member
Signature:_____________________________ Print Name:_______________________________
Date:_________________________________ Date:____________________________________

Department Safety Officer
Signature:____________________________________ Date_______________

Parent consent form received yes □ no □
Evidence of student’s health insurance yes □ no □
Student Safety Training completed yes □ no □

Please send a copy of completed form to EHS, 6 Eisenhower Parking Deck, University Park, PA and Risk Management, Suite 103, Rider Building II, State College, PA