



RUTGERS HEALTH

New Jersey Medical School

**PROPOSAL FORM FOR HIGH SCHOOL STUDENT TO CONDUCT RESEARCH  
OR WORK IN A RUTGERS, NEW JERSEY MEDICAL SCHOOL RESEARCH LABORATORY**

**PLEASE TYPE ALL INFORMATION**

☐ New Submission

☐ Re-submission

Date Submitted:

Student's Last Name:

Student's First Name:

Email:

Current School & Grade:

Student's date of birth (must be 16 years of age on start date):

Campus/Bldg./Rm where student will be working:

Anticipated hours/week:

Starting Date:

Concluding Date:

Give a detailed description of the student's research project. Include copies of methodology for procedures the student will use. Use extra sheets if necessary.

List the materials used in your lab. Include types of chemicals, biological agents, and radiological materials\*:

Please describe any direct involvement the student might have with the listed materials.

\*All students must take radiation safety training at the earliest possible time after they have started work – unless the student is working in a laboratory that uses radioactive materials, in which case this training must be done before work in the lab starts. All students must take REHS initial Laboratory Safety/Biosafety Training before beginning work in the laboratory. Note: Significant changes in the activities or scope of work will require re-submission and re-authorization.

What lab equipment will the student use?

Please describe the student's past lab science courses, lab experience, etc.

Who will be responsible for direct day-to-day supervision of the student? List their name, title and contact information.  
(NOTE: This person cannot be the PI)

Has the completed [High School Form](#) and [Parent Consent & Insurance Form](#) been sent to the Research Office? ☐ Yes ☐ No (This must be done before the laboratory, biosafety or radiation safety committees reviews this proposal form)

By signing below, I am certifying that a trained adult will be in the laboratory with the student at all times. (A trained adult means a laboratory employee, graduate student or post-doc who is up to date on all safety training requirements.) The high school student will complete required safety training (see bottom of page 1 of this form). Additionally, the student will not use or have access to infectious agents, primary human materials (e.g. human blood or patient samples), toxic chemicals and/or radioactive materials not listed on this form.

**Sponsoring Faculty Member**

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Room & Building \_\_\_\_\_  
Department \_\_\_\_\_  
Email \_\_\_\_\_

**Department Chair**

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Room & Building \_\_\_\_\_  
Department \_\_\_\_\_

Please send this completed form to your school's Research Office:

**Rutgers, New Jersey Medical School  
Office of Research**  
185 South Orange Avenue  
Medical Science Building, F607  
Newark, NJ 07103-2757  
Phone: (973) 972-7090  
Fax: (973) 972-3585  
Email: [comergi@njms.rutgers.edu](mailto:comergi@njms.rutgers.edu)

**Rutgers, Robert Wood Johnson Medical School  
Office of Research and Sponsored Programs**  
675 Hoes Lane, Room R109  
Piscataway, NJ 08854-8021  
Phone: (732) 235-4687  
Fax: (732) 235-5534

**Rutgers, Robert Wood Johnson Medical School–Camden  
Office of Research Administration**  
401 Haddon Avenue, Suite 150  
Camden, NJ 08103  
Phone: (856) 757-7877  
Fax: (856) 757-7735

Use this page if you need extra space to answer any of the questions




## PARENT CONSENT STATEMENT & INSURANCE DOCUMENTATION

The undersigned parent/guardian of \_\_\_\_\_ understands, hereby consents, and agrees as follows:

1. My child is 16 years of age (date of birth: \_\_\_\_\_) and has been offered the opportunity to work at Rutgers, NJMS, assigned to the following faculty sponsor:

Name of Faculty Sponsor/Department: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

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

My child will be required to attend laboratory safety instruction course(s) and will be taught as well as 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-reference laboratory, I agree, on behalf of myself and my family, to my child's working in the Rutgers, NJMS laboratory.

1. I grant my permission to Rutgers, NJMS, 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.

2. 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.

Signed (parent/guardian) \_\_\_\_\_

Date \_\_\_\_\_

Parent Email/Phone \_\_\_\_\_

Signed (Witness) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

### Insurance Information

Insurance Carrier \_\_\_\_\_

Carrier Group Number \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Policyholder'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)

Names(s) \_\_\_\_\_

Names(s) \_\_\_\_\_

Relation to student \_\_\_\_\_

Relation to student \_\_\_\_\_

Daytime phone \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

Evening phone \_\_\_\_\_

☐ A copy of the student's working papers (Employment/Age Certificate) and the High School Sponsorship Form has been submitted to the Faculty Sponsor listed above.

**NOTE: Faculty Sponsor** – keep a copy for your records before submitting this form to your school's Research Office along with the student's working papers, the [High School Sponsorship Form](#) and your completed [Proposal Form](#).



### High School Student Sponsorship Form

High School Student Participation in an Educational Program Which Involves Working (unpaid) at a Rutgers, NJMS Research Laboratory

*A separate form must be completed for each participating student*

Date:

Name of Student:

Grade of Student as of the past September:

Name and Address of High School:

This student

meets the High School's criteria for

participation in a scientific project or activity located in a research facility.

\_\_\_\_\_  
Name of High School Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

***Instructions: Return this form along with the completed [Rutgers, NJMS Parent Consent and Insurance Documentation form](#), to the sponsoring Rutgers, NJMS Program or Faculty Member.***



## **HIGH SCHOOL STUDENT CONTACT INFORMATION**

PLEASE PRINT/TYPE ALL INFORMATION

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Floor/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Parent/Guardian Contact Information:

Relationship to minor: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

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Parent/Guardian Contact Information:

Relationship to minor: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

## EMPLOYEE ACKNOWLEDGEMENT AND REVIEW OF CHEMICAL HYGIENE PLAN

Principal investigators<sup>1</sup> are responsible for communicating university, as well as their own safety requirements to individuals in their laboratory. REHS has prepared the following form to assist documenting this communication and hands-on training. Additional copies of this form (PDF) are available from the REHS website at [http://rehs.rutgers.edu/pdf\\_files/CHG-ack-form.pdf](http://rehs.rutgers.edu/pdf_files/CHG-ack-form.pdf).

Specific safety requirements will vary based upon the individual and their assigned work activities in each laboratory. Principal investigators are expected to review relevant topics with individuals based upon their anticipated and assigned work activities. At a minimum, principal investigators need to review:

- ▶ The N.J. Hazard Communication Standard, including applicable provisions of the N.J. Worker Community Right-to-Know Act. For additional information and resources on these programs, go to [http://rehs.rutgers.edu/lslab\\_hcs.html](http://rehs.rutgers.edu/lslab_hcs.html) and [http://rehs.rutgers.edu/rehs\\_njrtk\\_all.html](http://rehs.rutgers.edu/rehs_njrtk_all.html).
- ▶ The OSHA Occupational Exposure to Hazardous Chemicals in Laboratories (the Lab Standard) as it pertains to the standard (Appendix I of this Guide), the location of the Chemical Hygiene Plan, applicable exposure limits (Appendix 1 of this Guide), exposure symptoms, reference locations, SDS's, exposure monitoring methods used, physical and chemical hazards, and protective measures. For additional information and resources on these programs, go to [http://rehs.rutgers.edu/rehs\\_njrtk\\_all.html](http://rehs.rutgers.edu/rehs_njrtk_all.html).

The following employees have reviewed and understood the Laboratory's Chemical Hygiene Plan, this Laboratory's Standard Operating Procedures (SOP's), as well as the Safety Data Sheets (SDS's) for the chemicals they use:

Print Name	Sign Name	Date

<sup>1</sup> The principal investigator may designate the responsibility to a senior laboratory person who has: (i) responsibility for laboratory safety, (ii) the authority to enforce and implement safety procedures and policies in the laboratory, and (iii) process knowledge or familiarity with the lab activities or operations.

## Working with Minors

### What You Need To Know



## Information for Program Directors & PIs operating youth-serving activities in a lab at Rutgers University.

All programs or activities involving minors at Rutgers must ensure their programs are run consistent with the [University's Protection of Minors \(POM\) Policy](#), the [Policy for Minors and Volunteers in Laboratories](#) and the [Guide to Working with Minors](#).

The following requirements must be met 4 weeks before the activity involving minors begins:

- **Notify Chair:** The PI must inform their Department Chair, in writing, that a minor will be volunteering in their lab. Please copy Matthew Spaventa, Risk Management at [spaventa@finance.rutgers.edu](mailto:spaventa@finance.rutgers.edu) and Yulia Chakhalian, REHS at [yulia.chakhalian@rutgers.edu](mailto:yulia.chakhalian@rutgers.edu).
- **Program Registration:** Please designate one person to register the activity at [halflife.rutgers.edu/minors](https://halflife.rutgers.edu/minors).
- **Training for Adults:** As part of the registration process above, you will need to enroll the minor's supervisors in a 30-minute online training course by clicking "add person." There must be a minimum of *two* supervisors per lab.
- **Background Checks:** As part of the registration process, criminal history and sex offender registry checks must be initiated for the minor's supervisors. Criminal history checks are required once every three years and sex offender checks are required annually for ongoing programs. UHR requires individuals to electronically consent to the search within days. Be sure to communicate this to employees to avoid delays.
- **REHS & Risk Management Approval:** The PI or designee must inform REHS and Risk Management of the proposed work and chemicals the minor will be working with for approval at [https://halflife.rutgers.edu/forms/minors\\_in\\_labs](https://halflife.rutgers.edu/forms/minors_in_labs).
- **Waiver and Proof of Health Insurance:** Risk Management will provide an Insurance Waiver/ Informed Consent Form that must be sent to the minor's parents for review and signature. Send the completed form and proof of insurance (photocopy of card) back to [spaventa@finance.rutgers.edu](mailto:spaventa@finance.rutgers.edu).
- **Training for the Minor:** The minor must enroll in an in-person Lab Safety training session at [https://halflife.rutgers.edu/training\\_calendar/calendar](https://halflife.rutgers.edu/training_calendar/calendar) — Minors must also be given Hands On/Specific to Work Area training by their supervisor including the lab's Chemical Hygiene Guide, SOPs and the SDS for the chemicals they will be using. Please stress the importance of wearing proper PPE (at a minimum, gloves, safety glasses and a lab coat).
- **Acknowledgement Form:** The volunteer must sign an acknowledgment form prior to using chemicals. The PI or designee must scan and email a copy of the acknowledgement form to Yulia Chakhalian, REHS, at [yulia.chakhalian@rutgers.edu](mailto:yulia.chakhalian@rutgers.edu).

**HAVE QUESTIONS? Contact Us.**

Protection of Minors Policy Questions: [protectminors@rutgers.edu](mailto:protectminors@rutgers.edu)

Rutgers Environmental Health & Safety Questions: [yulia.chakhalian@rutgers.edu](mailto:yulia.chakhalian@rutgers.edu)

Risk Management Questions: [spaventa@finance.rutgers.edu](mailto:spaventa@finance.rutgers.edu)