



Environmental Health and Safety
 490 10th Street, 3rd Floor
 Atlanta, Georgia 30318-0465 U.S.A.
 PHONE 404-894-4635
 FAX 404-894-5042

CONSENT AND RELEASE FOR MINOR'S PRESENCE IN LABORATORY

INSTRUCTIONS:

- This form must be completed for each Minor working in Georgia Tech laboratory or other hazardous areas.
- Submit this form to the Supervising Department for processing.

DHRUV ANUPINDI

I, the undersigned parent/legal guardian of _____ (the "Minor Participant") who was born on 21st JAN 2007, understand and consent to the following:

- I understand that my child has been offered the opportunity to participate in a laboratory at Georgia Institute of Technology ("GIT") for the period from 06/04/24 to 08/05/24.
- I understand that some laboratory facilities or related locations at GIT are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. The list of Possible Risks from Exposure provided below provides the most common potential risks, but it is not intended to be an exhaustive list. Failure to adhere to established procedures may result in greater risk. The Minor Participant will receive appropriate training concerning how to identify hazards and how to work safely with materials and equipment and will be supervised in the handling of instrumentation and materials that may pose a risk.

The hazardous materials that may be in this laboratory and to which the Minor Participant may be exposed include:

Check here if an additional sheet is attached

<i>Hazardous Materials</i>	<i>Possible Risks from Exposure</i>
Chemicals (solid salts, liquid solvents)	Skin/eye/respiratory irritation
Fibers	Inhalation hazard/irritant
Electrical connections and ovens	Fire hazard/electric shock
Compressed air/gases	Inhalation hazard/irritant

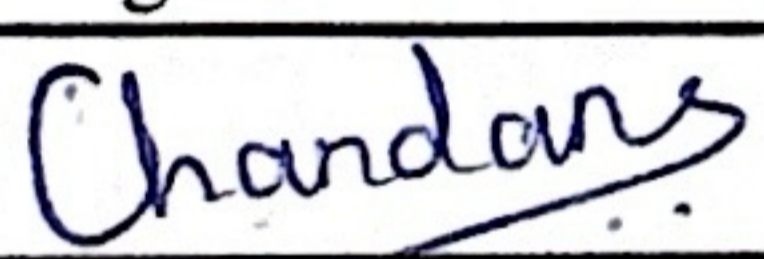
- I understand that the Minor Participant may be removed from the project on a temporary or permanent basis if he or she refuses, or is unable, to follow the safety rules, to wear assigned personal protective equipment, or to perform activities as directed.
- I hereby warrant that to the best of my knowledge, the Minor Participant is in good health and, except as specified below, has no allergies or other physical, mental, or emotional condition that might limit his or her ability to safely participate in activities in the laboratory. I assume all responsibility for the health of the Minor Participant.

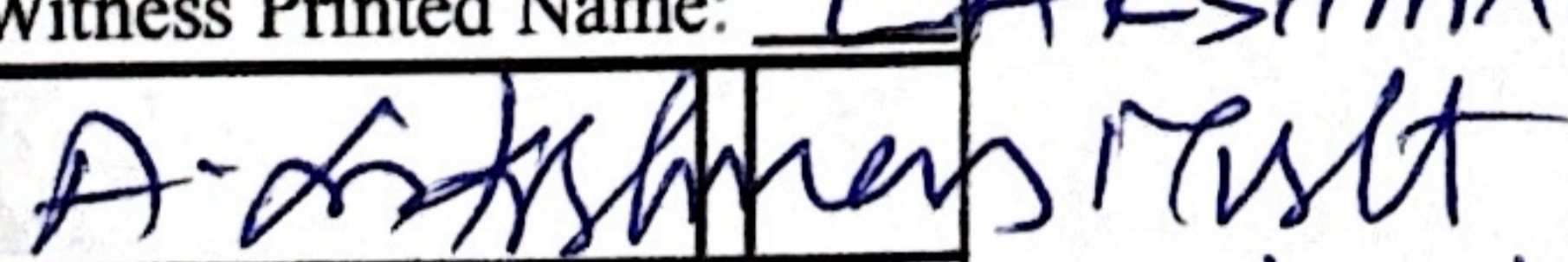
<i>Allergies:</i>	IBUPROFEN
<i>Physical Conditions:</i>	N/A
<i>Mental or Emotional Conditions:</i>	N/A
<i>Other:</i>	N/A

- In the event of an emergency, I hereby give permission to transport the Minor Participant to a hospital for emergency medical or surgical treatment. I assume the responsibility for the payment of all such emergency care and treatment. I also assume responsibility for the payment of all subsequent treatment and care that the Minor Participant may require. I have listed emergency contact and medical insurance information below:

EMERGENCY CONTACT INFORMATION	
Primary Contact	Secondary Contact
Name: CHANDANA KOLLURU	Name: LAKSHMANA ANUPINDI
Relation to Minor: MOTHER	Relation to Minor: FATHER
Daytime Phone #: 404-428-5946	Daytime Phone #: 678-520-9134
Evening Phone #:	Evening Phone #:
HEALTH INSURANCE INFORMATION	
Insurance Carrier: BCBS	Carrier Group Number: 174205M4A1
Policy Holder's Name: LAKSHMANA ANUPINDI	Policy Holder's ID #: PVG868M769A2
If applicable, Insurance Carrier Pre-Certification Telephone Number:	
Address for claim submission so that it may be provided to the medical care provider:	

- In consideration of GIT permitting the Minor Participant to participate in a project in a laboratory, I hereby release, indemnify and hold harmless the Board of Regents of the University System of Georgia, GIT, the Georgia Tech Research Corporation, the Georgia Tech Applied Research Corporation, and their officers, directors, faculty, staff, agents and authorized representatives from all claims, demands, rights, causes of action, suits, liabilities, losses, damages, costs and expenses (including attorney's fees and court costs) arising out of or resulting from the presence of the Minor Participant in the above referenced laboratory.
- I further understand that GIT facilities are being made available to the Minor Participant as an educational opportunity and that he or she is not a student, employee, or affiliate of GIT. Knowing and understanding the circumstances and the risks described above, I consent to allow the Minor Participant to be present and participate in a project in the above-referenced GIT laboratory.
- Notwithstanding the foregoing, if the Minor Participant is employed by GIT, he or she will be a GIT employee for actions, omissions, and/or injuries arising out of or resulting from the presence of the Minor Participant in the above referenced laboratory. This CONSENT AND RELEASE FOR MINOR'S PRESENCE IN LABORATORY shall apply only when the Minor Participant is not acting within the scope of such employment.

Parent/Legal Guardian Printed Name: _____	CHANDANA KOLLURU
	
Parent/Legal Guardian Signature	Date 05/21/24

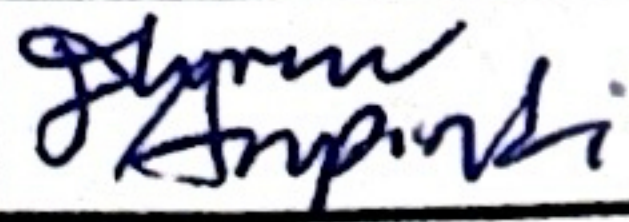
Witness Printed Name: _____	LAKSHMANA M ANUPINDI
	
Witness Signature	Date 5/21/24

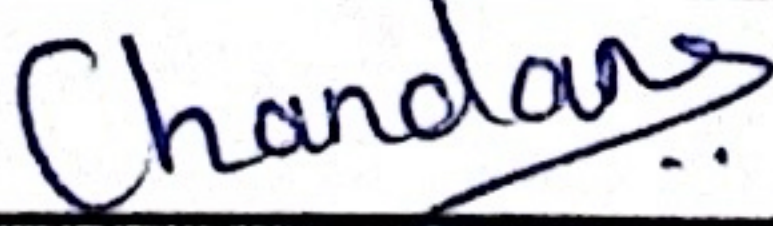
RULES FOR MINORS IN RESEARCH LABORATORIES & VIVARIUM FACILITIES

1. Never work alone in any laboratory environment without direct, immediate adult supervision from the supervising faculty member, mentor, or someone designated by the faculty sponsor.
2. Complete and follow safety training specific to the hazards in the laboratory.
3. Always follow the instructions of the supervising faculty member and Mentor.
4. Always report any accident (regardless of severity) immediately to the faculty sponsor, Mentor, or laboratory supervisor.
5. Always wear the personal protective equipment as directed and dispose of it appropriately. Personal protective equipment includes safety glasses, appropriate gloves, laboratory coats/gowns, and other face/body protection as dictated by the hazard being worked with or around.
6. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area.

7. Never eat, drink, chew gum, apply cosmetics or lip balm, or touch contact lenses while in any laboratory area. Food and drinks are not allowed in laboratories.
8. Always wear closed-toed shoes while in any laboratory and buttoned laboratory coat.
9. Always tie back hair to keep it out of all the hazards in the laboratory.
10. Always wear clothing that reduces the amount of exposed skin (no shorts, tanks, etc.).
11. Always ask questions if you do not understand the safety requirements.
12. Follow the Georgia Institute of Technology Laboratory Safety Manual.

I have read, understand and will adhere to Georgia Institute of Technology Rules for Minors in Research Laboratories and Vivarium Facilities.

Minor's Printed Name: _____	Ohruv Anupindi	
		
Minor's Signature	Date	5/21/24

Parent/Legal Guardian Printed Name: _____	CHANDANA KOLLURU	
		
Parent/Legal Guardian Signature	Date	05/21/24