**Minor Consent Form**

**This is a template for minors in ongoing or long-term programs hosted on campus in administrative or lower-hazard areas, as outlined in campus policies**.

Please complete the **grey** **highlighted** areas as applicable. Once this form is complete, obtain the required department signatures and provide it to the individual and their parent/guardian for signatures.

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| **Minors Name** | Enter minor's name | |
| **Parent/Guardian** | Enter parent/guardian's name | Phone Number |
| **From** | Enter all that apply - principal investigator, minor's direct supervisor (full-time faculty or staff member that has passed a background check) | |
| **CC** | Department chair | |
| **Date** |  | |
| **Subject** | Minor Child Consent for Participation | |

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| **In Case of Emergency:** |  | |
| **Primary:** | Name/Relationship | Phone Number |
| **Secondary:** | Name/Relationship | Phone Number |

Enter minor's name, hereafter referred to as “Minor,” will soon start activities at the University of Colorado in enter department name, enter department address & room number. The Minor’s direct supervisor is enter supervisor's name.

Enter supervisor's name is the direct supervisor of the Minor who will be with the Minor at all times; if you have questions, please contact enter supervisor's name, phone, email.

The Minor’s university activities span enter academic semester or term start date and end date, number of hours per week working between the hours of enter start/and end time of each day, outside of regular school hours and within campus business hours, M-F. 8 a.m. – 5 p.m. – **refer to school calendar**.

Are the activities intended to support the educational goals of the minors' school academic internship program? If so, please specify the name of the school: Middle School or High School name

The scope of the Minor’s activities includes:

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| Describe daily / scope of the Minor's activities here OR you must attach if not described here. If related to a Middle School or High School Internship program, you must obtain the Sending Schools Learning Agreement or Plan and attach it to this consent form. |

**Individual activities and locations vary in the inherent types of hazards present. As part of the activities**, **the Minor may encounter the following potential risks, hazards, or injuries:**

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| Identify any foreseeable hazards that minor and parents should be aware of before starting the activities, i.e., community spread disease, slips, trips and falls, risk of minor injuries like paper cuts, eye strain from prolonged computer use, repetitive motion or ergonomic injuries. |

**The requirements for these activities are:**

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| Identify any safety, department-specific, IT security, or other training required before starting the activities. |

**List any additional university and campus policies, procedures, and guidelines applicable:**

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| List any additional university and campus policies, procedures, and guidelines applicable (i.e., IT Security, Access Control/Security Badging, HIPAA, FERPA); for Anschutz, visit Anschutz Health Science Career Pathways Hub. |

**The closest emergency departments are located:**

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| Consider the closet hospitals, such as Children’s hospitals for Anschutz Medical Campus, or Denver Health for CU Denver |

It is essential to use the proper classification. Please consult with your Campus Human Resources liaison, [Campus Volunteer Policy 4030](https://www.ucdenver.edu/policies) and the [University Risk Management Volunteer & Trainee](https://www.cu.edu/risk/volunteer-trainee-and-minor-participants) resources.

Based on the activities outlined on Page 1, **CHOOSE** the appropriate Minor classification, **Option 1 or** **Option 2, and delete the language related to the other option:**

**Option 1:**

**Volunteer OR  Visitor, Observer or Shadow**

**Conditions and Provisions**

* A volunteer performs activities at the request of, for the benefit of, and under the university's supervision; ***no experiential learning or academic benefit is tied to the activities***.
* Visits are for short periods; there is no work product, minimal hands-on activities, and may include observing and shadowing only.
* The minor is not an employee or agent of the University of Colorado and is not entitled to receive workers’ compensation benefits or any other benefits of employment from the University of Colorado, including, but not limited to, health care, vacation, or sick time. If an injury requires medical care, the Minor’s health insurance will be responsible for payment of all medical care.
* The Participant and Parent/Guardian agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of personal property resulting from or arising from participation in the designated activities. The participant also agrees to release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising from the designated activities.
* The Minor is required to advise his/her supervisor of any injury or illness as soon as possible.
* It is important that the minor always carries emergency contact information for parents/guardians. The university and emergency medical personnel may need this critical information.

**Option 2:**

**Employee (paid)** **OR**  **University-sponsored Intern/Trainee (paid or unpaid)**

**Conditions and Provisions**

* Visits may be paid or unpaid; ***internships or experiential learning activities benefit the intern/trainee seeking an educational, hands-on experience with a clear scope of activities and learning objectives***.
* The Minor qualifies for statutory workers’ compensation insurance that applies to Colorado employees should he/she be injured within the course and scope of his/her employment or program at the University. The sending educational institution’s worker's compensation insurance applies if related to a school internship program: **Middle School or High School name.**
* The Minor is required to advise his/her supervisor of any injury or illness as soon as possible.

**Acknowledgment, Consent, Authorization for Medical Care and Emergency Information**

Thank you for participating in the **describe area of activity** We hope your experience is safe, productive, and beneficial. Please read and sign the acknowledgment, obtain your parent/guardian's signature, and return the form to your supervisor.

* Use of a privately owned vehicle, including operating or as a passenger, may be an option. The university does not provide liability or physical damage insurance coverage on privately owned vehicles.
* Participants in university activities are sometimes photographed and videotaped for use in the University of Colorado promotional, educational, and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.
* The participant will abide by all instructions and rules communicated by the university.
* The participant exercises free and voluntary choice to participate in these activities at the university, including using facilities and equipment provided by the University of Colorado.
* In the event of an emergency, permission is granted to the University of Colorado to authorize emergency transportation, emergency medical care and/or treatments, and hospital care for the duration of the Minor’s participation in this designated activity. I (We) will be notified as soon as possible after the care has been provided.
* I understand I may have access to certain data and information that is considered confidential, including, but not limited to, information about the **Enter Department Name** and University of Colorado activities, patients, personnel, students, and financial or business practices. I agree that all data and information I may receive or otherwise discover during this experience is considered "confidential." I agree that I will not disclose or discuss confidential information with any third parties while in this role or at any time after completing my experience. I agree that I will keep all data and information confidential.

I hereby certify that I have read, understand, and consent to the activities, risks, and provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permission for the participation on behalf of said minor, as permitted by **C.R.S. § 13-22-107**.

**Minor Consent**

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| Minor’s Name AGE | Signature | Date |

**Parental/Guardian Consent**

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| --- | --- | --- |
|  |  |  |
| Parent/Guardian’s Name | Signature | Date |
|  |  |  |
| Parent/Guardian’s Name | Signature | Date |

**Department Consent** – *By* *signing below, I acknowledge I have read, understand, and will comply with the* [*Campus Child Protection Policy 3001*](https://www.ucdenver.edu/policies)*,* [*Campus Minors in Laboratories and Animal Facilities Policy 6006*](https://www.ucdenver.edu/policies)*,* [*University Risk Management Minors on Campus Checklists and Guidelines*](http://www.cu.edu/risk)*, and all other relevant campus policies that apply to this activity.*

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| Department Administrator Name | Signature | Date  Phone |
|  |  |  |
| Department Supervisor Name | Signature | Date  Phone |
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| Department Head Name | Signature | Date  Phone |

**Does the minor need an Anschutz Medical Campus Access Control Badge?** Send the completed Minor Consent form to URM [urmucddirs@cu.edu](mailto:urmucddirs@cu.edu) for review and approval. In addition, before an Access Control Badge is issued for a minor, additional steps must be completed—contact the CU Anschutz Medical Campus Security Badging Office (SBO) for requirements: [security.badgeoffice@ucdenver.edu](mailto:security.badgeoffice@ucdenver.edu).