

COLUMBIA UNIVERSITY

Office of Human Resources

Minor Visitors Parental Consent Form

Required for Visitors under 18 years of age

My child, _____, has my permission to participate as a visitor in the _____ program at Columbia University under the supervision of _____. I understand that, depending on the kind of project being conducted, my child may be required to participate in environmental health and safety programs and/or medical surveillance may be required for visitors working in research, clinical and educational programs at the University. PLEASE NOTE: For some Visitors at Columbia University Medical Center, a drug screening may be required under the Joint Commission requirements. To the extent that there is a positive drug screening result, both the minor and the parent will be notified. I understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents, responsible for any injury that my child may incur at the University or while traveling to and from the University.

Columbia University is committed to promoting a safe environment for minors who participate in our programs and activities. We have taken a number of important steps to establish safeguards for your child. You can read the University's policy and access other helpful resources at <http://compliance.columbia.edu/minors.html>.

My child is covered by the following health care plan:

Insurance Carrier

Policy/Membership Number

Name of Insured

Name of Employer

Signature of Parent or Guardian

Date

Signature of Witness

Date

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of emergency.

Name

Relationship

Address

Phone Number