



## Minors Working in Medical Research – Minneapolis VA Health Care System

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### Description of Proposed Work:

A detailed description of work to be performed **MUST** be included in this form and provided to parent/guardian  
An authorization to provide medical care in case of emergency is required by VAHCS for all minors

**Instructions to PI:** *In lay language, describe the proposed work to be conducted by the minor named on Page 1 of this form. For each potential hazard identified on Page 1 (A through G), provide a description of the hazard, including enough information of the nature and purpose of the potential dangers for the parent(s) or legal guardian(s) to make an informed decision on behalf of the minor. Attach additional pages if necessary.*

**Minors Working in Medical Research – Minneapolis VA Health Care System  
Approval to Conduct Work in Research Service**

I am requesting participation of a minor in my VA research project. I agree to act as the sponsoring PI for this individual as outlined in SOP Res Svc-R&D-015 “Policy for Minors in Research,” and understand that I will remain responsible for his/her conduct, supervision, and training. I assert that he/she will be under adult supervision when conducting work in secure areas, working with hazardous materials, or working in hazardous environments. I further agree that the minor will not be allowed to perform work for which he/she has not received training, work has not been approved by his/her parent or legal guardian, the R&D Committee, and the ACOS/R, or work that is not allowed for minors under State of Minnesota or Federal regulations.

<b>Name of minor:</b>	<b>IRBNet Project ID:</b>
<b>Protocol Title:</b>	

**Signed:**

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*Principal Investigator*

**Approval:**

**SRS**     Approved     Disapproved

**R&D**     Approved     Disapproved

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*Chair, SRS*

\_\_\_\_\_  
*Chair, R&D Committee*

**ACOS**     Approved     Disapproved

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*Associate Chief of Staff/Research*