



DEPENDENT MINOR PERMISSION

Date: _____/_____/_____

Chris Saganich, Radiation Safety Officer (RSO)

Weill Cornell Medicine
1300 York Avenue, Box #205
New York, NY 10065

Dear Parent or Guardian:

Your son/ daughter _____ will be working at the Weill Cornell Medical College in an area where radiation is present. He/ she will not be working with radioactive materials directly. Your permission is required for him/ her to be present where radioactive materials are found.

As a student or volunteer under 18 years of age, the limits of exposure are those allowed for the general public, which is 100 millirem per year. This is about half of the radiation that we all experience from background radiation and is felt to pose a minimal amount of risk by present standards of knowledge. We do not, however, expect that your son/ daughter will be exposed to any radiation at all. He/ she will be provided with a radiation sensitive monitor (dosimeter) which will be issued by Environmental Health and Safety to confirm that his/ her exposures are consistent with natural background radiation levels.

Your permission is required in order that your son/ daughter may work under supervision in a radiation area. Please indicate this by signing and returning this form to the EHS Health Physics address above. You may also fax this form to the EHS Office at (646)-962-0288. If you have any questions or concerns, feel free to contact me at the phone number or e-mail below. We welcome any inquires and will gladly address your concerns.

Sincerely,

Chris Saganich, MS
Radiation Safety Officer
Office: (646) 962-4567
Email: chs2008@med.cornell.edu

I hereby grant my son/ daughter permission to work in an area where radiation is present. I also authorize EHS to assign my son/ daughter a dosimeter(s) (personal radiation monitoring device) to confirm that his/her exposure does not exceed natural background levels also received by the general public.

_____/_____/_____ / _____ / _____
Signature-Parent/ Guardian **Date**