



**THE WINIFRED MASTERSON
BURKE MEDICAL RESEARCH INSTITUTE, INC.**

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THE BURKE MEDICAL RESEARCH INSTITUTE IS AN ACADEMIC AFFILIATE OF
THE JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

DEPENDENT MINOR PERMISSION

Date: _____ / _____ / _____

Peter Capitelli, Radiation Safety Officer (RSO)

Weill Cornell Medical College
Cornell University
Environmental Health and Safety
1300 York Avenue, Box #205
New York, NY 10065

Dear Parent or Guardian:

Your son/ daughter _____ will be working at the Burke Medical Research Institute 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 Office 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 will gladly address your concerns.

Sincerely,

Peter Capitelli, MS, RMP
Radiation Safety Officer
Office: (212)-746-5756
Email: pec2008@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) (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