



DARE TO DO MORE

Natural Sciences Department

BIOLOGY LABORATORY FITNESS AND HEALTH CONSENT FORM

Course Precautions: As a participant in this course, you acknowledge that exposure to volatile, flammable, carcinogenic, corrosive chemicals, and/or microorganisms are possible.

Pregnant students (or those planning to become pregnant) **MUST** inform their instructor prior to conducting the experiment and provide the signature of a medical physician granting permission to participate in the laboratory experiment.

Student Consent:

To whom this may concern,

“I, _____, have enrolled in Biology _____ at LaGuardia Community College. I recognize that the course may involve exposure to various chemicals and/or microorganisms.

I hereby affirm that I am in good physical condition and do not suffer from any known condition that will limit my participation in any or all laboratory experiments.

I _____, acknowledge that my enrollment and subsequent participation is purely voluntary and I will abide by the safety guidelines outlined by the LaGuardia Community College Natural Sciences Department and all other applicable safety and environmental compliance requirements.

I HEREBY AFFIRM THAT I READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

(Participant Signature)

(Participant Name Printed)

(Empl ID #)

(Date)

(Physician Signature)

(Physician Name Printed)

(Facility where physician is practicing)

(Date)