**Use for Summer CRTAs under 18 years old**

Date:

Dear \_*(name of parent or guardian)*\_\_:

On behalf of the \_(*lab or branch name*)\_\_, I am writing to inform you that *(name of student)* has offered to serve as a Summer Cancer Training Award Fellow in our organization. Your *daughter/son* will be working with me in my laboratory during the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_ *(during/after school? hours?)* doing some of the following tasks or projects:

*(List a description of project(s) or tasks that is thorough but brief, using layman terms basic enough for most people to understand. Also briefly describe the environment noting if chemicals, specimen types, radiation, magnetic fields, etc are part of the environment)*

During the time that *(name of student)* is working in our laboratory, *she/he* will be under my supervision at all times or under the supervision of *(list name(s))*. I or *name of individual(s)* will instruct *name of student* on the proper safety procedures appropriate for our laboratory setting. *He/she* may also attend the NIH safety courses offered periodically as well.

I am writing to inform you, that as a minor under the age of 18, your *son/daughter* will need your approval before *she/he* can participate as a student with our research group. Additionally, all Summer Cancer Training Award Fellows are subject to a modified background screening. *[Include the following sentence ONLY if student needs to be fingerprinted based on NIH 2866]* As such, your *son/daughter* will be required to be fingerprinted as part of this screening. Please sign and date below indicating your approval and mail to the address below. An addressed return envelope is provided for your convenience.

National Institutes of Health

National Cancer Institute

 *Lab’s address*

I’ve also enclosed a copy of this letter for your records, as well as a copy of the NIH CRTA Agreement, which also needs your signature. The attached is a standard form used for all types of CRTA and Summer CRTA fellows.

If you have any questions, my phone number is 301-\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

*(Name of research investigator)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Signature of Parent or Guardian Date

(Signature indicates your understanding

and approval of your son or daughter’s

participation as noted above).

2008