POLICY ON MINORS PARTICIPATING IN CAMPUS PROGRAMS

I. Policy Statement

Spelman College (“College”) is committed to providing a safe and healthy environment for all who participate in Spelman programs and activities. This Policy provides the minimum standard for appropriate supervision of individuals under the age of 18 (“Minors”) who are involved in Spelman College-sponsored programs, programs held on the Spelman College campus and/or programs housed in College facilities at all geographic locations. In order to promote the safety and general welfare of all Minors participating in programs at Spelman College, it is the policy of the College that 1) all Minors participating in programs must be reasonably and appropriately supervised by an Authorized Adult who complies with the standards of conduct provided in this Policy; 2) all College employees (permanent and temporary) and volunteers have a duty to report suspected neglect or abuse of a child; 3) Staff and volunteers working with Minors are trained and successfully pass a background check; and 4) units sponsoring programs with Minor participants fulfill the duties outlined in this Policy.

A. Reason for Policy/Purpose

Spelman College is committed to fostering an environment in which all staff, students, and visitors to the campus are safe and secure. Activities integral to our mission of teaching, research, and service for the betterment of society may, at times, involve Minors. The College recognizes that numerous circumstances exist in which non-enrolled Minors either visit campus facilities or otherwise have contact with College representatives, including faculty, staff, volunteers, and students. The College offers many coordinated opportunities for Minors to visit the campus through scheduled campus events or academic and non-academic programs. With this understanding, the College recognizes both its institutional and legal obligations to ensure the safety and wellbeing of Minors that are participating in programs on campus, in College facilities, participating in College-sponsored events, or involved with College-affiliated individuals.

B. Scope of Policy

Unless there is an exception under Georgia law, this Policy applies to all Spelman College faculty, staff, volunteers, students and Third Parties who interact with Minors on campus.

II. Definitions

**Authorized Adult:** Individuals, whether paid, volunteer, or for academic credit, who have care, custody, control, and/or direct contact or interaction with Minors involved in College-sponsored Programs or Activities. This includes, but is not limited to, College administrators, faculty, staff, students, volunteers and Third Parties operating a Program or Activity.

**Mandatory Reporter:** Any person required by Georgia law (O.C.G.A. § 19-7-5) to report suspected child abuse to the appropriate authorities. Mandatory Reporters include, but are not
limited to faculty or teachers, administrators, counselors, social workers, psychologists, law enforcement personnel, and other persons who participate in providing care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to Minors.

**Minor**: Any person under 18 years of age.

**Program or Activity**: Any academic, educational, service, leadership, or recreational program serving one or more Minors including, but not limited to, camps, clinics, conferences, workshops, tutoring, mentoring, group lessons, seminars, competitions, internships or experiential learning, conducting or viewing research, pre-enrollment visits, after-school programs, or other enrichment opportunities.

**Program Director**: Any individual who has primary and direct operational responsibility for the content and implementation of a Program or Activity and who serves as the primary point of contact.

**Program Staff**: See Authorized Adult.

**Sponsoring Unit**: Any department or unit of the College that offers a Program or Activity.

**Third Party**: An individual, organization, or entity not affiliated with the College to which the College permits the use of its facilities to operate a Program or Activity.

### III. Applicability

This Policy applies broadly to any academic, admissions, athletic, educational, service, leadership, or recreational program serving one or more Minors, including, but not limited to, camps, clinics, conferences, workshops, tutoring, mentoring, group lessons, seminars, competitions, internships or experiential learning, conducting or viewing research, after-school programs, or other enrichment opportunities.

**This Policy does not apply to:**

- Minor family members of employees and students, who are on campus as guests of that individual
- Programs or Activities for Minors enrolled in undergraduate courses;
- Events or performances at the College that are open to the general public or guests (i.e., athletic competitions, plays, concerts) wherein parents/guardians are expected to provide appropriate supervision of Minors;
- Campus tours or visits by Minors considered to be prospective students;
- Non-residential field trips to the campus supervised by a Minor’s school or organization;
- Off-campus clinical, practicum or student teaching experiences supervised by a Third Party entity;
- Private, personal events (e.g., birthday parties, weddings) that occur on campus; or
- Other programs as may be designated from time to time by the appropriate College official in advance and in writing as exempted from this Policy.
IV. **Adult Supervision**

All activities involving Minors should typically be supervised by at least two Authorized Adults or by the parent or legal guardian of the participants.

Factors to be considered in determining requirements for supervision are 1) the number, age, and gender of participants; 2) the activities involved; 3) type of housing, if applicable; and 4) age, gender, and experience of the Authorized Adults.

In addition to the expectation that two Authorized Adults be present at all times when Minors are being supervised, an additional Authorized Adult should be available as a “floater” to stand in if one of the two must leave the area. The two Authorized Adults should not be family members.

Authorized Adults must make all reasonable efforts to ensure the safety of Minors participating in Programs or Activities covered by this Policy, including removal of Minors from dangerous or potentially dangerous situations, irrespective of any other limitation or requirement.

A. **Group Interaction**

It is acceptable for an individual Program Staff member to provide program services to a group of participants (e.g., classroom instruction or outdoor activities) if the activity is conducted in an open or public area where the group is visible to others outside the group at all times. This includes classroom or meeting activities where open doors or windows allow for a clear line of sight.

B. **Individual (One-on-One) Interaction**

Likewise, it is acceptable for an individual Program Staff member to interact with an individual Minor as long as the interaction occurs in an open or public area (common area), or in non-public settings that are visible from common areas during normal business hours or such other times one would reasonably anticipate others would be present. This includes meetings in private offices during normal business hours where open doors or windows allow for a clear line of sight from the common area.

C. **Electronic Interaction**

In the case of electronic communications, Authorized Adults/Program Staff must not have any direct electronic communications with Minors without another Authorized Adult, parent, or legal guardian being included in the communication.

V. **Duty to Report**

A. **Injury**

To maintain a safe environment, Authorized Adults and/or Sponsoring Units shall inform the College of any injuries that occur at a College facility or to faculty and staff in the course of their work responsibilities at the earliest possible time.
B. Suspected Child Abuse or Neglect

Authorized Adults or other Mandatory Reporter who have reasonable cause to believe that child abuse or neglect has occurred, shall immediately report (within 24 hours) that suspected abuse or neglect to Spelman College Public Safety and the appropriate supervisor or administrator, who shall take immediate action.

If an Authorized Adult or other Mandatory Reporter suspects abuse, they must report the situation within 24 hours to ALL of the following:

1. Spelman College Public Safety at (404) 525-6401;
2. The Program or Activity Administrator;
3. The Title IX Director or designee (404) 270-5060; and
4. The Georgia Division of Family and Children Services at 1-855-GACHILD.

Where an allegation of inappropriate conduct has been made against an Authorized Adult participating in a program, s/he shall discontinue any further participation in Programs and Activities covered by this Policy until such allegation has been satisfactorily resolved.

C. Other Violations of Policy

If any person witnesses a violation of this Policy, such as one-on-one contact, or anything that gives rise to concern for the health or safety of a Minor, that person shall immediately notify the College’s Title IX & Compliance Director or designee (404) 270-5060) or via email at titleixteam@spelman.edu

D. Non-Retaliation

The State of Georgia grants immunity for any civil or criminal liability for making a good-faith report of suspected abuse or neglect of a Minor.

It is the College’s policy that no member of the faculty or staff or student making a good-faith report of suspected abuse or neglect will be retaliated against in the terms and conditions of employment or educational program.

E. Compliance

Failure of Mandatory Reporters to report suspected child abuse is a violation of state law and a criminal offense. O.C.G.A. § 19-7-5.

Any Spelman College faculty, staff, or student who fails to report a case of suspected child abuse or neglect is subject to disciplinary action, which could include termination (if a faculty or staff
member) or expulsion (if a student). If a Third Party or volunteer fails to report a case of suspected child abuse, s/he risks termination of the contract or relationship with the College.

VI. **Code of Conduct for Authorized Adults**

Authorized Adults should behave professionally and maintain the highest standards of personal behavior at all times. Authorized Adults participating in Programs and Activities covered by this Policy shall **NOT**: 

a. Have one-on-one contact with Minors, except as described above: there must be two or more Authorized Adults present during activities where Minors are present. One-on-one contact includes electronic communication. Therefore, Authorized Adults/Program Staff shall not have any direct electronic communications with Minors without another Authorized Adult, parent, or legal guardian being included in the communication.

b. Enter a Minor’s room, sleeping quarters, bathroom facility, changing area, shower area or similar area without another Authorized Adult in attendance, except under emergency circumstances.

c. Share sleeping quarters with Minors. Separate accommodations for adults and Minors are required other than the Minor’s parents or guardians. Minors should be placed in accommodations that allow for a locked door between themselves and Authorized Adults/Program Staff.

d. Engage in abusive conduct of any kind toward, or in the presence of, a Minor.

e. Strike, hit, administer corporal punishment to, or touch in an inappropriate or illegal manner any Minor.

f. Engage in rough or sexually provocative games, including horseplay.

g. Allow any inappropriate touching, including between Minors.

h. Swear, use or respond to sexual innuendo or make sexually suggestive comments.

i. Pick up Minors from or drop off Minors at any location except as specifically authorized in writing by the Minor’s parent or legal guardian. Two Authorized Adults should be in a vehicle with a Minor if transportation is needed.

j. Provide alcohol or illegal drugs to any Minor. Authorized Adults also must not provide prescription drugs or any medication to any Minor unless specifically authorized in writing by the parent or legal guardian as being required for the Minor’s care or the Minor’s emergency treatment. Participant’s medicines may be distributed by Program Staff, following the conditions outlined in this Policy.
k. Make sexual material in any form, including printed and electronic, available to Minors participating in Programs or Activities covered by this Policy or assist them in any way in gaining access to such materials.

l. Give personal gifts to, or do special favors for, a Minor or do things that may be seen as favoring one Minor over others. Likewise, expensive gifts should not be accepted from any Minor in the program.

m. Tell a Minor “this is just between the two of us” or use similar language that encourages Minors to keep secrets from their parent/guardians.

VII. Duties of Sponsoring Units

Each Sponsoring Unit shall:

a. Designate a director for each Program or Activity who shall be responsible for implementation and oversight of the program activities and compliance with College policies, procedures, and guidelines. The Program Director should have a level of authority to ensure compliance with the requirements outlined in this Policy.

b. Develop and implement a clear set of rules for each program, which shall address safety and security procedures, procedures for emergency notification and communication, disciplinary measures, behavioral expectations, and rules of conduct. These rules must be made available to program participants and their parents/legal guardians.

c. Follow all College policies and other laws or regulations applicable to program activities.

d. Ensure that no Minor under age eight (8) participates in a Residential Program.

e. Assign a staff member who is at least 21 years of age to be on call and accessible to participants at all times. The staff member must reside in the housing unit, if applicable. Additional Authorized Adults should be assigned to ensure one-on-one contact with Minors does not occur, and that appropriate levels of supervision are implemented.

VIII. Training

All Authorized Adults/Program Staff participating in a program covered by this Policy are required to attend annual mandatory training provided by the Sponsoring Unit and/or program that must include, at a minimum, the following:

a. Mandatory reporting obligations, including child abuse and prevention;

b. Information about responsibilities and expectations required under this Policy;
c. Procedures under this Policy;
d. Responsibilities and expectations under the Policy on Sexual Misconduct;
e. Appropriate crisis/emergency responses;
f. Safety and security precautions;
g. Addressing medical emergencies;
h. College responsibility/liability; and
i. Protecting participants from abusive emotional and physical treatment.

A copy of the Minors on Campus Policy should be given to all Authorized Adults/Program Staff for review, and each should sign an acknowledgment that they have read and understood the Policy.

The Sponsoring Unit and/or Program Director may enhance or modify the required training program to meet specific needs of the particular Program or Activity involved, but any such enhanced or modified program must include all the elements described in this section. In addition, the Sponsoring Unit and/or Program Director shall arrange for sufficiently frequent training sessions to permit covered Programs or Activities to continue to function on a regularly scheduled basis.

Additionally, all Authorized Adults/Program Staff must successfully complete the Minors on Campus Policy and Procedure training course annually. The Training should be scheduled with the Title IX & Compliance Office and should be completed prior to the start date of the Program or Activity involving Minors.

The Program Director is responsible for maintaining appropriate documentation that certifies the program’s Authorized Adults/Program Staff have been properly trained each year (e.g., attendance records at program training, signed Acknowledgment of Understanding. These records are subject to College audit.

Non-College entities using College facilities for programs/camps involving Minors are required to certify that they have provided training comparable to that required under this Policy to their Program Staff.

IX. Program Rules of Conduct

Each program should have a clear set of rules of conduct for participants that should be provided to participants and parents/legal guardians prior to participating in the program. Each set of rules must include the following common elements:

a. Clear statement that participants must abide by all College policies/regulations and a clear explanation of potential discipline in the event of non-compliance (e.g., removal from the program).
b. Clear statement prohibiting the possession or use of alcohol, drugs, fireworks, firearms, guns, knives, and other weapons.

c. Clear statement that the operation of motor vehicles by Minors in residential programs is prohibited while attending and participating in the program.

d. Clear statement that no violence of any kind, including sexual abuse, sexual harassment, and other sexually inappropriate conduct will be tolerated.

e. Clear statement that hazing and bullying (verbal, physical, and cyber bullying) are prohibited.

f. Clear statement that theft is prohibited.

g. Clear statement that the use of tobacco products is prohibited and smoking is prohibited on all College property.

h. Clear statement that misuse or damage to College property is prohibited and participants may be financially responsible for damage or misuse of College property.

i. Prohibition against the inappropriate use of cell phones, cameras, imaging, and other digital recording devices, including use of such devices in showers, restrooms, or other areas where participants expect privacy.

j. Rules and procedures governing when and under what circumstances participants may leave the property during the program.

k. Process and procedures to be followed if a participant, group leader, or other individual associated with a program is alleged to have violated College policies or rules of conduct of the program, including the process for dismissal and removal from the program.

Campus units sponsoring a program are expected to provide orientation to participants that address the following topics:

a. College rules, program rules of conduct, and behavioral expectations;

b. Program safety and security procedures; and

c. College reporting protocol for suspected child abuse, sexual assault, or other crimes.

X. Communication and Notification

The Sponsoring Unit shall establish an appropriate procedure for the notification of the Minor’s parent/legal guardian in case of an emergency, including medical or behavioral problem, natural disasters, or other significant program disruptions. Authorized Adults with the program, as well
as participants and their parents/legal guardians, must be advised of this procedure in writing prior to the participation of the Minors in the program.

The Sponsoring Unit shall maintain a list of all program participants and a directory of Program Staff. This list shall include participant’s name; local room assignment (if applicable); gender, age, address, and phone number(s) of a parent or legal guardian, as well as emergency contact information. For residential programs at College facilities, a copy of this list of program participants and a directory of Program Staff must be made available to Spelman College’s Public Safety.

The Sponsoring Unit shall provide information to the parents/legal guardians detailing the manner in which the participant can be contacted during the program.

XI. College Housing

For residential programs, the Sponsoring Unit or Program Director must develop and implement rules and regulations for proper supervision of Minors in College housing, which should be provided to participants and parents/legal guardians prior to participating in the program. The following must be included:

a. Written permission signed by the parent/guardian for the Minor to reside in College housing.

b. Visitation by non-participant guests (other than a parent/legal guardian in an emergency situation) is forbidden.

c. The program must comply with all security measures and procedures specified by the College’s Residence Life and Spelman’s Public Safety.

XII. Background Checks

All Authorized Adults/Program Staff, are required to have a background check on record with the College before being hired or allowed to engage with Minors. Background checks are not required for volunteers, temporary guest speakers, presenters and other individuals who have no direct contact with program participants other than short-term activities supervised by Authorized Adults/Program Staff.

All Authorized Adults/Program Staff are required to have a background check every three years.

The College will conduct a background check that will include at a minimum a National Crime Information Center (NCIC) criminal history check, a national sex offender registry check, and a driver’s license check. The results of the background check must be reviewed and approved by Spelman College’s Department of Human Resources prior to Authorized Adults/Program Staff being hired and/or working with a Minor.

It is the responsibility of the Program Director to assure that each Program Staff member has received clearance from Spelman College’s Department of Human Resources prior to working in the program.
The College may accept documented background clearances from governmental agencies (e.g., school districts) that have been completed within three (3) years from the start date of the Program or Activity.

Authorized Adults are under a duty to disclose to the Program Director any arrest that occurs after a background check is performed within 72 hours of its occurrence or immediately if such occurs while working as Program Staff.

Results of background checks conducted under this Policy will be used only for the purposes of this Policy, except that the College reserves the right to take appropriate action with respect to employees who may have falsified or failed to disclose information material to their employment on employment applications uncovered as a result of the background check, including and up to immediate termination of employment. Copies of all correspondence with Program Staff members regarding background check reports will be retained in Spelman College’s Department of Human Resources.

All contracts for the services of independent contractors that will be working with Minors must include a provision assuring that the employees of such independent contractors or the contractor (in the case of a solo contractor) will comply with the above-established process or provide evidence that background checks and training comparable to those required by the College under this Policy have taken place.

XIII. Programs Directed by Non-College Entities

From time to time, Programs or Activities will be held on the College campus by non-College organizations. Any such program involving Minors shall be operated consistent with the guidelines of this Policy. All contracts for the use of College facilities by non-College organizations for programs involving Minors shall reference this requirement and provide a link to this Policy.

Non-College organizations using College facilities for programs/camps involving Minors shall be required to deliver the following before authorization of use of College facilities may be given (exceptions to any of these requirements may only be granted by the Vice President of Business and Finance):

a. A signed Facilities Use Agreement setting forth the specific facilities to be used, the dates and hours of permitted access and other terms applicable to such use;

b. A signed Safety of Minors Addendum (See Form B attached) wherein non-College organizations represent and certify that the program meets all the requirements for programs set forth in this Policy, including without limitation, all provisions concerning training, staff-to-participant ratios, and background checks of all Authorized Adults;

c. A signed Release and Indemnification Agreement in a form acceptable to Spelman College’s advising counsel releasing the College from all liabilities and claims for damages from any cause whatsoever and defending and holding the College harmless against any and all claims arising from the actions of the non-College
organization, its employees or volunteers, and from any failure to conform to the requirements of this Policy; and

d. Due to the nature of some events, the College reserves the right to require additional limits of liability coverage.

Liability for incidents that may occur as a result of the non-College organization’s activities falls on the organization only and does not extend to the College. Liability waiver agreements between the program participant’s parent/guardian and the organization shall plainly state that the participation in the Third-Party organization’s Program or Activity is neither endorsed nor sponsored by Spelman College.

XIV. Releases

The Program Director/Program Staff shall obtain a Liability Release in a form acceptable to the Spelman College’s general counsel as part of the program registration process. The Liability Release must also contain a media, photo and video release clause within it.

All data gathered shall be confidential, is subject to records retention guidelines, and shall not be disclosed, except as provided by law.

XV. Medical Treatment, Administration of Medicines and Emergency Services

For residential programs and those programs which involve strenuous physical activity, the Sponsoring Unit shall obtain a Waiver and Consent for Medical Treatment, Self-Administration of Prescription Medication, and Over-the-Counter Medication Form (See Form C attached) signed by the participant’s parent/legal guardian.

For residential programs and those programs that involve strenuous physical activity, the Program Staff may administer medicine to participants under the following conditions:

a. The participant’s parent/legal guardian must provide written authorization for each administration of any medicine, whether prescription or over-the-counter medication.

b. The participant’s parent/legal guardian must provide the medicine in its original pharmacy container labeled with the participant’s name, medicine name, dosage, and timing of consumption. Over-the-counter medications must be provided in their manufacturer’s container.

c. Program Staff shall keep the medicine in a secure location, and at the appropriate time for distribution shall meet with the participant.

d. The Program Staff member shall allow the participant to self-administer the appropriate dose as shown on the container.
e. A record showing the date, time, and signature of the person who administered or supervised each administration of medicine must be retained by the Sponsoring Unit.

f. Any medicine the participant cannot self-administer must be stored and administered by a licensed healthcare professional associated with the campus, or if no one is available, arrangements must be made with another health care professional in advance of the participant’s arrival.

g. Devices for the self-administration of medications which are prescribed by a physician may be carried by the participant during program activities (examples include personal “EpiPens” and asthma inhalers).

h. Program Staff should make reasonable efforts to have basic first-aid kits available if needed.

The Sponsoring Unit shall arrange for medical care appropriate for the nature of program activities including on-site emergency medical service coverage if needed.

XVI. Enforcement

Sanctions for violations of this Policy will depend upon the circumstances and the nature of the violation but may include the full range of available College sanctions applicable to the individual including suspension, dismissal, termination and, where appropriate, exclusion from campus. The College may also take necessary interim actions before determining whether a violation has occurred.

The College may terminate relationships or take other appropriate actions against non-College entities that violate this Policy.

XVII. Waivers

Any requests for clarification as to whether a particular Program or Activity is subject to this Policy should be sent to the appropriate Vice President or the Office of Title IX and Compliance (if applicable).

The Program Director and his or her supervisor should first approve requests for a waiver to all or any portion of this Policy. The request should then be sent to the Vice President with oversight for the Sponsoring Unit or the Office of Title IX and Compliance (if applicable) for appropriate review using the Minors on Campus Program/Activity Request for Exemption Form. *(See Form D attached)* Either aforementioned office will review the request and may request additional information or supporting documentation as needed. Either aforementioned office will advise the Program Director in writing as to their decision.

When seeking clarification or a waiver of a Program or Activity, the information provided shall include, at a minimum, the person in charge of the Program or Activity; the dates and locations where Minors will be participating; the general nature of the activities and program to be undertaken or offered; the names of all Authorized Adults who will be participating directly with
Minors in the Program or Activity; and the administrative requirements associated with the Program or Activity, including but not limited to waivers and permission slips to be obtained from the parents/guardians of participating Minors and medical emergency forms.
MINORS ON CAMPUS FORM A
ACKNOWLEDGMENT OF UNDERSTANDING:
SPelman COLLEGE’S MINORS ON CAMPUS POLICY

I, ______________________________ (name), certify that I have read and understand the Spelman College’s Minors on Campus Policy. I have had an opportunity to raise any questions I have about the policy and the information contained therein with the Program Director and have done so if necessary.

I agree to comply with all of the guidelines contained in the Spelman Colleges’ Minors on Campus Policy including the duty to report child abuse as outlined therein.

I certify that I have never been convicted of a crime related to the abuse or neglect of minors or entered a guilty plea or other plea associated with a crime related to the abuse or neglect of minors.

I also certify that no one has ever alleged that I have abused or neglected a child.

____________________________________
Employee/Student/Volunteer Printed Name

____________________________________
Employee/Student/Volunteer Signature

____________________________________
Name of Program/Activity

____________________________________
Date
MINORS ON CAMPUS POLICY FORM B
FACILITY USE AGREEMENT

THIS SAFETY OF MINORS ADDENDUM is part of the Facility Use Agreement (the “Agreement”) entered into between Spelman College (the “College”) and the Facility User dated __________. In the event of any conflict between the provisions of this Addendum and other provisions of the Agreement, the provisions of this Addendum shall control.

1. Supervision; Safety and Protection of Minors. Facility User shall be responsible for (i) supervising minor attendees while anywhere on College property; (ii) providing qualified, properly trained and responsible adult supervisors in compliance with College’s Minors on Campus policy; and (iii) complying with the Minors on Campus policy, as well as College rules, regulations and procedures for use of the Facility, throughout the entire term of this Agreement.

1.1 Facility User represents and certifies to College that:

- Facility User’s employees, chaperones, counselors, volunteers, and any others interacting with minor attendees (and anyone who supervises such persons) (collectively “Facility User Parties”) have passed a criminal background check;
- Facility User Parties have completed all College required training on child safety and protection;
- Facility User maintains a readily-accessible list of parent and/or emergency contacts for minor attendees;
- Facility User complies with the staff to camper/participant ratios as outlined in the Minors on Campus policy;

1.2 The College reserves the right to require Facility User to provide evidence of Facility User’s compliance with the requirements of Section 1 of this Addendum.

2. Consent Forms. Facility User shall obtain a consent and waiver of liability form for each minor attending the Event, which authorizes Facility User’s employees or staff to take ill or injured attendees for medical treatment. Forms shall be signed by the parent or legal guardian of any minor attending the Event. Completed forms shall be retained by Facility User and made available to the College upon request.

3. Reporting of Incidents/Accidents. In addition to any notice requirements outlined in the Minors on Campus Policy, Facility User shall notify the Spelman College’s Public Safety 404-525-6401 within twenty-four (24)-hours of an incident that could give rise to College liability. All incidents shall be reported regardless of the severity or type of injury. The notification to the College of an injury or incident does not shift responsibility for claims from Facility User to the College.
BY SIGNING BELOW, the Facility User’s officer or representative certifies that he/she has read the Spelman College’s Minors on Campus policy and has complied with the necessary requirements for programs/activities involving minors as outlined therein. The Facility User’s officer or representative further certifies that he/she has complied with the requirements of this Safety of Minors Addendum.

[Facility User]

By: ______________________________

Name: _____________________________

Title: ______________________________

Date: ______________________________
MINORS ON CAMPUS POLICY FORM C
WAIVER AND CONSENT FOR MEDICAL TREATMENT, SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION, AND OVER-THE-COUNTER MEDICATION

PROGRAM/CAMP INFORMATION

Program/Camp Name: ____________________________________________________________

Date(s): ________________________________________ Time(s): _______________________

Location: _______________________________________________________________________

The information requested on this form is intended to help inform program staff of any pre-existing medical conditions of participant. This information will be kept in strict confidence and will only be shared with your permission. The College requests the information below so that, in case of emergency, it will have accurate information so that it can provide and/or seek appropriate treatment for Participant. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. The requested medical information disclosed will not be used by the College personnel or employees to determine Participant’s ability to participate safely in activities. You, as participant, parent or guardian understand that the final determination about whether to participate is the responsibility of you and your physician.

You are accountable for providing an accurate medical history. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. You understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of yourself, Participant, and your physician.

By signing your name under Medical Information, you acknowledge your agreement to the terms and conditions contained therein and you certify that all responses made on this form are complete, true, and accurate.

You understand that the College [does or does not] offer an excess medical insurance policy for participants to cover medical expenses for injuries/accidents that occur in the course of the program’s activities. Medical expenses that are declined for payment through the participant’s personal insurance and/or through the excess policy (if applicable) become the responsibility of the participant’s parent/guardian.
PART 1. GENERAL INFORMATION
Participant Name (hereafter “Participant”) ________________________________________

Parent/Legal Guardian Name (if applicable) ________________________________________

Street Address __________________________ City __________ State _____ Zip _______

Home or Cell Phone _______________________ Work Phone _______________________

Date of Birth _______/_______ /_______ Gender: M _______ F _______

Please list two emergency contacts:

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<thead>
<tr>
<th>Emergency Contact #1</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
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<table>
<thead>
<tr>
<th>Emergency Contact #2</th>
<th>Home Phone #</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
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PART 2. MEDICAL INFORMATION
It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician’s Name __________________________________ Phone Number ______________

Date of most recent tetanus toxoid immunization __________________________________

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address ________________ Policy # ________________

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO
If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program?  YES  NO  
If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants?  YES  NO  
If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware?  YES  NO  
If yes, please explain:

Parent/Guardian Name ___________________  Parent/Guardian Signature ________________________

Participant Signature (if 18 or older) ____________________ Date _______________

**PART 3: WAIVER AND CONSENT FOR MEDICAL TREATMENT**  
I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment, and give permission to Spelman College, through its representatives, to seek treatment for said son/daughter/ward, in the event of an injury or illness while at the College during the period of the program. Furthermore, I accept responsibility for full payment of such medical treatment not covered by insurance. I hereby hold the College and its representatives harmless in the exercise of this authority.

Parent/Guardian Name ___________________  Parent/Guardian Signature ________________________

Participant Signature (if 18 or older) ____________________ Date _______________

**PART 4: AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION**  
Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay.

*Note: Unless we have parental authorization, we cannot administer ANY medications.*
I hereby authorize that the following medications may be given to Participant if the need arises. You may dispense only those listed. Parents/Guardians should include any over-the-counter medications their son/daughter/ward is currently taking including any OTC, herbal or other organic medications.

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the participant's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the College and any of its representatives, employees or agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications. I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced program.

Parent/Guardian Name _______________ Parent/Guardian Signature ____________________
Date ____________________________________
PART 5: AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

This form must be completed fully in order for the participant identified above to self-administer prescription medication during the program identified above. A separate form must be completed for each medication to be administered. Self-administration of medication requires the written authorization (below) of Participant’s parent or legal guardian.

_____ No, my child does not need to take any prescription medication during the Program. (Please stop and sign the form at the bottom of the page)

____ Yes, my child will need to take a prescription medication during the Program. (Please fill out the rest of this form and sign at the bottom of the page)

All prescription medications, including medications for conditions such as food, drug, or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that Participant can self-manage care and delivery of medication. Prescription medication must be in its original container labeled with the minor’s name, medication name, dosage, and time/frequency of administration.

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**AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication name:______________________  Dose:_______________________

Condition(s) for which medication is being administered: ____________________

Specific directions (e.g., on empty stomach, with water): ____________________

Time/frequency of administration: ____________________

If PRN, frequency: ______________________________________________________

If PRN, for what symptom(s): _____________________________________________

Relevant side effect(s):______________________________
Medication shall be administered from (date) ____________________ to ________________

Special storage requirements: _____________________________________________________

Is Participant capable of self-managed care: YES  NO

Prescribing health professional’s name: _____________________________________________

I hereby authorize and recommend Participant to self-administer the above-described medication. I hereby affirm that Participant has been instructed in the proper self-administration of the above-described medication.

Parent/Guardian Name ____________________  Parent/Guardian Signature _____________

Date ________________________________
MINORS ON CAMPUS POLICY FORM D
PROGRAM/ACTIVITY REQUEST FOR EXEMPTION FORM

This form must be reviewed and signed by the Program Director and the appropriate Dean prior to being submitted to the either the Office of Human Resources or the Office of Title IX and Compliance.

Name of Program/Activity: __________________________________________________________

Location of Program/Activity: _______________________________________________________

Sponsoring Unit: __________________________________________________________________

Director of Program/Activity: _______________________________________________________

Address: _________________________________________________________________________

Phone: _____________________________ Email: _____________________________

Description and nature of the program/activity involving minors:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date(s) of activity/program: __________________________________________________________________

How will the minors participate in the program/activity?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Does the program/activity involve overnight stay in College housing?  YES  NO
Have all program staff been background checked?  
YES  NO

Have all program staff completed training on minors?  
YES  NO

Specific section from Minors on Campus policy from which you are requesting an exception:
______________________________________________________________________________

Please explain in detail why this program/activity should be exempted from all or part of the Minors on Campus policy.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Program Director Signature ___________________________  Date __________

Sponsoring Unit Director Signature ___________________________  Date __________

Sponsoring Unit VP/Provost ___________________________  Date __________