MINORS ON CAMPUS

Policy Statement

This policy provides the minimum standard for appropriate supervision of minors who are involved in University-sponsored programs, programs held at the University and/or programs housed in University facilities at all geographic locations. In order to promote the safety and general welfare of all Minors participating in Programs at the University, it is the policy of the University that 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.

Reason for Policy/Purpose

The University of Southern Mississippi hosts a wide variety of university sponsored or sanctioned activities for non-enrolled minors such as camps, clinics, workshops, conferences, and other educational activities. The aforementioned activities take place both on campus and off campus and include those activities that are not necessarily associated with the University, but merely use the University facilities. This policy provides guidance for appropriate supervision of minors who are involved in University-sponsored programs, programs held at the University and/or programs housed in University facilities at all geographic locations.

Not Covered by this Policy

The following are considered exceptions and are not considered to be a program covered by this policy:
- Events or performances on campus which are open to the general public (athletic competitions, plays, concerts) wherein parents/guardians are expected to provide appropriate supervision of their children;

- Services provided by the University Student Health Services Clinic, the University Psychology Clinic, the University Speech-Language-Hearing Clinic, the Dubard School for Language Disorders, and the University Clinic for Family Therapy. These entities will follow separate policies that comply with the principles of this policy, but reflect their unique activities;

- Undergraduate and graduate academic programs in which minors are enrolled for academic credit;

- Campus tours or visits by minors considered to be prospective students;

- Non-residential field trips to campus supervised by a minor’s school or organization;

- Off-campus clinical, practicum or student teaching experiences supervised by a third party entity;

- Interaction with minors in the context of curricular, practical training supervised by University faculty;

- Tutoring and mentoring by University students who are registered in recognized organizations (e.g. Big Brother/Big Sister), or are participating in community service activities sponsored by an administrative or academic unit of the University provided that such activities take place only in public settings (such as libraries and dining halls) during normal operating hours;

- Private, personal events (e.g., birthday parties, weddings) that occur on campus;

- Other programs as may be designated from time to time by the appropriate University official in advance and in writing as exempted from this policy.

Who Needs to Know This Policy

The entire University community.

Website Address for this Policy

http://www.usm.edu/institutional-policies/policy-pres-gc-002
Definitions

**Adult** - Any person 18 years of age or older.

**Authorized Adult and/or Program Staff** - Individuals, paid or unpaid, 18 years or older, who interact with, supervise, chaperone, or otherwise oversee minors in program activities, or recreational, and/or residential facilities. This includes but is not limited to faculty, staff, volunteers, graduate and undergraduate students, interns, employees of temporary employment agencies, and independent contractors/consultants. The Authorized Adults’ roles may include positions as counselors, chaperones, coaches, instructors, etc. For the purposes of this policy, the term “Program Staff” is also assigned this definition. This definition does not include temporary guest speakers, presenters and other individuals who have no direct contact with program participants other than short term activities supervised by Program Staff.

**Direct Contact** - Providing care, supervision, guidance or control of minors and/or having routine interaction with minors.

**Minor** - A person under age of eighteen (18) who is not enrolled or accepted for enrollment in credit-granting courses at the University. Students who are considered to be “dually enrolled” in University credit-granting courses while also enrolled in elementary, middle and/or high school are not included in this policy unless such enrollment includes overnight housing in University facilities. Minor is also referred to as a “participant” in this policy.

**Non-Public Area** – Places that are not common areas, cannot be observed from common areas, and which are not monitored by video surveillance equipment approved by the University Police Department. For purposes of this definition, a “common area” is an area where one would normally anticipate others are present but only during business hours or such other times one would reasonably anticipate others would be present.

**One-On-One Contact** - Personal, unsupervised interaction in a non-public area between any Authorized Adult and a Minor without at least one other Authorized Adult, parent or legal guardian being present. One-on-one contact includes electronic communication, such as social media, email and texting.

**Program** - Programs and/or activities offered or sponsored by various academic or administrative units of the University, or by non-University groups using University facilities. This includes but is not limited to workshops, sport camps, academic camps, conferences, private music lessons, and similar activities.

**Sponsoring Unit** - The academic or administrative unit of the University which offers or approves a program which includes minors, partners with a non-University group to offer a program, or gives approval for use of University facilities. Conference Housing is not considered to be a Sponsoring Unit.

**University Housing** - Facilities owned by, or under the control of, the University intended for use as housing.
1.0 One-on-One Contact Prohibited

1.1 No Authorized Adult or Program Staff shall have one-on-one contact with minors. Therefore, other than in cases outlined as follows, all activities involving minors must be supervised by at least two Authorized Adults or by the parent or legal guardian of the participants. 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.

1.2 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.

1.3 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.

1.4 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.

1.5 In addition to the requirement 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.

1.6 All supervised participants in a university program or a program taking place on university property are permitted in the general use facilities [e.g. athletic fields, public spaces, academic buildings] but may, as needed, be restricted from certain areas of the facilities [e.g. storage rooms, equipment rooms, athletic training rooms, staff/ faculty offices] or from utilizing certain equipment.

2.0 Duty to Report

2.1 If any person has reason to suspect that a Minor has been subject to neglect or abuse, he or she must immediately do the following:
a. Inform the University Police Department (Hattiesburg: 601-266-4986; Gulf Coast: 228-234-2068) or other appropriate law enforcement agency, and if the suspected assault or abuse presents an imminent danger to a Minor, contact should occur immediately;

b. Report the activity to the Mississippi Department of Human Services by calling the Abuse hotline (800-222-8000) and provide a written report to the Department of Human Services as soon thereafter as possible. See Miss. Code Ann. § 43-21-353; and

c. If the Minor is a participant in a Program, notify the Title IX Coordinator (601-266-6618) or designee as well as the Program Director. If, however, the Program Director may be involved in the suspected assault or abuse, only report the suspected assault or abuse directly to the University’s Title IX Coordinator or designee.

2.2. Authorized Adults must make all reasonable efforts to ensure the safety of minors participating in programs and activities covered by this policy, including removal of minors from dangerous or potentially dangerous situations, irrespective of any other limitation or requirement.

2.3 If 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.

2.4 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 University’s Title IX Coordinator or designee (601-266-6618).

3.0 Code of Conduct for Authorized Adults

3.1 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: 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 minors’ parents or guardians. Minors should be placed in accommodations that allow for a locked door between themselves and 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. Participants’ 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.

4.0 Duties of Sponsoring Units

4.1 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 university policies, procedures, and guidelines. The program director should have a level of authority to ensure compliance with the necessary requirements outlined within 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. See 6.0 Program Rules of Conduct.

c. Follow all University 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. Require the program to provide trained counselors (also considered to be Authorized Adults) in accordance with the following staff-to-participant ratios recommended by the American Camp Association which must reflect the gender distribution of the participants:

<table>
<thead>
<tr>
<th>Ages</th>
<th>Day Camps (Non-residential)</th>
<th>Overnight Camps (Residential)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 - 8</td>
<td>1:8</td>
<td>1:6 (age 8 only)</td>
</tr>
<tr>
<td>9 - 14</td>
<td>1:10</td>
<td>1:8</td>
</tr>
<tr>
<td>15 - 17</td>
<td>1:12</td>
<td>1:10</td>
</tr>
</tbody>
</table>

f. 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.

5.0 Training

5.1 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 which must include, at a minimum, the following:

a. information about responsibilities and expectations required under this policy;

b. procedures under this policy;

c. appropriate crisis/emergency responses;

d. safety and security precautions;

e. addressing medical emergencies;

f. university responsibility/liability.
g. how to report suspected child abuse in accordance with this policy; and

h. protecting participants from abusive emotional and physical treatment.

5.2 A copy of the Minors on Campus policy should be given to all Authorized Adults/Program Staff for review and each should sign an acknowledgement that they have read and understand the policy.

5.3 All training provided by the Sponsoring Unit and/or program shall be approved by the Director of Compliance and Ethics (601-266-4346).

5.4 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, in consultation with the Director of Compliance and Ethics, 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 and activities to continue to function on a regularly scheduled basis.

5.5 All Authorized Adults/Program Staff must successfully complete a free online training course annually entitled “SAFEsport” which may be accessed at http://safesport.org. Upon successful completion, the individual must download a certificate evidencing such and provide a copy to the Program Director. This online training course should be completed at least seven days prior to the start date of the program or activity involving minors.

5.6 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 [See Form A attached], and certificate of completion of SAFEsport). These records are subject to University audit.

5.7 Non-university entities using University 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.

6.0 Program Rules of Conduct

6.1 Each program should have a clear set of rules of conduct for participants which 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 University policies/regulations and a clear explanation of potential discipline in the event of non-compliance (e.g., removal from 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 in all University buildings.

h. Clear statement that misuse or damage of University property is prohibited and participants may be financially responsible for damage or misuse of University 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 privacy is expected by participants.

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 University policies or conduct rules of the program, including the process for dismissal and removal form the program.

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

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

b. Program safety and security procedures;

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

7.0 Communication and Notification
7.1 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.

7.2 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 parent or legal guardian, as well as emergency contact information. For residential programs at University facilities, a copy of this list of program participants and a directory of Program Staff must be made available to the University Police Department upon request.

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

8.0 University Housing

8.1 For residential camps and programs, the Sponsoring Unit or Program Director must develop and implement rules and regulations for proper supervision of minors in University 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 University housing.

b. A curfew time which is age-appropriate for the participants, which in no case shall be later than midnight.

c. In-room visitation to be restricted to participants of the same gender.

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

e. The program must comply with all security measures and procedures specified by the Department of Residence Life and the University Police Department.

8.2 For residential camps and programs at University facilities, the Sponsoring Unit or program must provide a copy of a list of program participants and a directory of Program Staff to the University Police Department upon request. This list shall include participant’s name; local room assignment; gender, age, address, and phone number(s) of parent or legal guardian, as well as emergency contact information.
9.0 Background Checks

9.1 All Program Staff/Authorized Adults, whether paid or unpaid or affiliated with the University or not, are required to have a current background check (i.e. within the prior three years) on record with the University before being hired or allowed to engage with minors. However, background checks are not required for temporary guest speakers, presenters and other individuals who have no direct contact with program participants other than short term activities supervised by Program Staff.

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

9.3 The University will conduct a background check that will include at a minimum an 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 the Department of Human Resources prior to Program Staff/Authorized Adults being hired and/or working with a minor.

9.4 It is the responsibility of the Program Director to assure that each Program Staff member has received clearance by the Department of Human Resources prior to working in the program.

9.4.1 New hires are required to complete the university background check process at the time of, and as a condition of, hire. If the individual has been hired within three years of the start of the covered activity, they may be exempt from this requirement.

9.4.2 All other Program Staff members must complete the above described background check process. This includes current employees working with minors who have not previously had a background check completed, those whose new hire background check was processed more than three years prior to the activity, and all other individuals working with minors whether paid or unpaid.

9.4.3 The university 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 activity/program.

9.4.4 Non-university entities providing Authorized Adults/Program Staff for university-based programs are required to comply with these established procedures to conduct background checks on their Program Staff, or provide evidence that they are conducting background checks that are at least comparable to the standards indicated in this section.
9.5 Payment for the background check is the responsibility of the Authorized Adult/Program Staff member unless specifically authorized for processing and/or payment by the Sponsoring Unit.

9.6 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.

9.7 Human Resources will be responsible for ensuring that the requirements of the Fair Credit Reporting Act (FCRA) are followed (if applicable) should information of concern be reported. Human Resources will notify the Program Director of the content of the report and inquire as to their level of concern with the issue being reported. If the Program Director and/or Human Resources has concern, then Human Resources will provide the Authorized Adult/Program Staff member a copy of the report. Instructions will also be provided should the individual wish to dispute the accuracy of the report information. The final decision regarding any individual’s participation in an activity or program involving minors will lie with Human Resources in consultation with the Office of General Counsel.

9.8 Results of background checks conducted under this Policy will be used only for the purposes of this Policy, except that the University 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 Human Resources.

9.9 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 University under this Policy have taken place.

10.0 Programs/Camps Directed by Non-University Entities

10.1 From time to time, camps and other educational programs or activities will be held on the University campus by non-University organizations. Any such program involving minors shall be operated consistent with the guidelines of this policy. All contracts for the use of University facilities by non-university organizations for programs involving minors shall reference this requirement and provide a link to this policy.

10.2 Non-university organizations using University facilities for programs/camps involving minors shall be required to deliver the following before authorization of use of University facilities may be given:
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-university 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 the Office of General Counsel releasing the University from all liabilities and claims for damages from any cause whatsoever and defending and holding the University harmless against any and all claims arising from the actions of the non-university organization, its employees or volunteers, and from any failure to conform to the requirements of this policy; and

d. An additional insured endorsement and a certificate of insurance written on an occurrence form issued by a carrier with an A.M. Best rating of at least A-(Excellent) Financial Size Category VII or higher which identifies The University of Southern Mississippi, its Board of Trustees, faculty, staff and agents as an “Additional Insured” and provides a minimum of one million dollars in liability coverage. Due to the nature of some events, the University reserves the right to require additional limits of liability coverage.

10.3 Liability for incidents that may occur as a result of the non-university organization’s activities falls on the organization only and does not extend to the University. 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 The University of Southern Mississippi.

11.0 Releases

11.1 The Program Director/Program Staff shall obtain a Liability Release in a form acceptable to the Office of General Counsel as part of the program registration process. The Liability Release must also contain a media, photo & video release clause within it.

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

12.0 Medical Treatment, Administration of Medicines and Emergency Services

12.1 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.

12.2 For residential programs and those programs which 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 manufacturers’ 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 healthcare 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 “epi” pens and asthma inhalers).

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

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

13.0 Enforcement

13.1 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 University sanctions applicable to the individual including suspension, dismissal, termination,
and where appropriate, exclusion from campus. The University may also take necessary interim actions before determining whether a violation has occurred. The University may terminate relationships or take other appropriate actions against non-University entities that violate this Policy.

14.0 Waivers

14.1 Any requests for clarification as to whether a particular program or activity is subject to this policy should be sent to the Director of Compliance and Ethics.

14.2 Requests for a waiver to all of, or any portion of, this policy should first be approved by the Program Director and his or her chair and dean. The request should then be sent to the Director of Compliance and Ethics for appropriate review using the Minors on Campus Program/Activity Request for Exemption Form. (See Form D attached) The Director of Compliance and Ethics or his/her designated representative will review the request and may request additional information or supporting documentation as needed. The Director of Compliance and Ethics will advise the Program Director in writing as to their decision.

14.3 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.

Review

This policy will be reviewed by the Office of General Counsel and the Director of Compliance and Ethics every four years and as necessitated by a change in the law.

Forms/Instructions

Form A: Acknowledgement of Understanding: University Minors on Campus Policy;

Form B: Safety of Minors Addendum to Facility Use Agreement;

Form C: Waiver and Consent for Medical Treatment, Self-Administration of Prescription Medication, and Over-the-Counter Medication (for residential programs and those involving strenuous physical activity);

Form D: Minors on Campus Program/Activity Request for Exemption Form
Appendices

Miss. Code Ann. § 43-21-353

Related Information

History

Authorization

RECOMMENDED BY:

Responsible University Administrator

Responsible University Officer

REVIEWED BY:

Director of Compliance and Ethics

Office of General Counsel

APPROVED:

President

Date

Date

Date
ACKNOWLEDGMENT OF UNDERSTANDING:
UNIVERSITY MINORS ON CAMPUS POLICY

I, _________________________ (name), certify that I have read and understand the University’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 University’s 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
THE UNIVERSITY OF SOUTHERN MISSISSIPPI
SAFETY OF MINORS ADDENDUM
TO
FACILITY USE AGREEMENT

THIS SAFETY OF MINORS ADDENDUM is part of the Facility Use Agreement (the “Agreement”) entered into between The University of Southern Mississippi (the “University”) 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 University property; (ii) providing qualified, properly trained and responsible adult supervisors in compliance with University’s Minors on Campus policy; and (iii) complying with the Minors on Campus policy, as well as University rules, regulations and procedures for use of the Facility, throughout the entire term of this Agreement.

1.1 Facility User represents and certifies to University 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 University 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 University 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 University 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 University Policy Department (Hattiesburg: 601-266-4986; Gulf Coast: 228-234-2068) within twenty-four (24)-hours of an
incident that could give rise to University liability. All incidents shall be reported regardless of the severity or type of injury. The notification to the University of an injury or incident does not shift responsibility for claims from Facility User to University.

BY SIGNING BELOW, the Facility User’s officer or representative certifies that he/she has read the University’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: ______________________________
THE UNIVERSITY OF SOUTHERN MISSISSIPPI - YOUTH PROGRAM/CAMP
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 University 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 University 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 University [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:

Emergency Contact #1 Name  Home Phone #   Work Phone #   Cell Phone #  Relation

Emergency Contact #2 Name  Home Phone #   Work Phone #   Cell Phone #  Relation

PART 2. MEDICAL INFORMATION

FORM:  USM Consent to Med TX, Prescript, OTC Meds
Form Date:  11.19.2014
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 The University of Southern Mississippi, through its representatives, to seek treatment for said son/daughter/ward, in the event of an injury or illness while at the University 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 University 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**

FORM: USM Consent to Med TX, Prescript, OTC Meds
Form Date: 11.19.2014
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 checked.

____ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
____ Tylenol/Acetaminophen as directed.
____ Ibuprofen as directed.
____ Throat lozenges and or spray as directed for sore throat.
____ Micatin or anti-fungus treatment as directed for athlete’s foot.
____ Kaopectate or Imodium for diarrhea as directed.
____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed.
____ Benadryl for swelling, hives, allergic reaction, as directed.
____ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
____ Visine or other eye drops for minor eye irritation.
____ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
____ Swimmer’s ear drops as directed.
____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
____ Medicated powder for skin irritation as directed.
____ Robitussin or other cough syrup as directed.
____ Calamine lotion for bug bites and poison ivy.
____ Sunscreen
____ Bug repellent
____ Other (list any other approved over-the-counter drugs) ____________________________________________________

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 University 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.

<table>
<thead>
<tr>
<th>AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication name:___________________________________________</td>
</tr>
<tr>
<td>Condition(s) for which medication is being administered:________</td>
</tr>
<tr>
<td>Specific directions (e.g., on empty stomach, with water):________</td>
</tr>
<tr>
<td>Time/frequency of administration:______________________________</td>
</tr>
<tr>
<td>If PRN, frequency:__________________________________________</td>
</tr>
<tr>
<td>If PRN, for what symptom(s):________________________________</td>
</tr>
<tr>
<td>Relevant side effect(s):____________________________________</td>
</tr>
<tr>
<td>Medication shall be administered from (date) _________________ to _________________</td>
</tr>
<tr>
<td>Special storage requirements:______________________________</td>
</tr>
<tr>
<td>Is Participant capable of self-managed care: YES NO</td>
</tr>
<tr>
<td>Prescribing health professional’s name:_______________________</td>
</tr>
</tbody>
</table>

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 Program/Activity Request for Exemption Form

This form must be reviewed and signed by the Program Director and his or her chair and dean prior to being submitted to the Director of Compliance and Ethics.

Name of Program/Activity: ______________________________________________________________

Location of Program/Activity: ____________________________________________________________

Sponsoring Unit: ______________________________________________________________________

Director of Program/Activity: _____________________________________________________________

Program Director’s University Department:__________________________________________________

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 University 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 Chair Signature     Date

_______________________________     __________________________
Dean of Sponsoring Unit Signature     Date