



Program for Minors Registration Form

I. General Program Information:

A. Please describe the Covered Program¹ below (include the program title, date of program, nature of activities associated with the Covered Program, and total number of expected minor participants):

B. Please list the Program Director (the UTS employee(s) with primary responsibilities for the Covered Program).

C. Please list names of all Covered Adults participating in the Covered Program.

¹ The following terms used in this form are defined in University of Tennessee System Safety Policy 575: Covered Adult; Covered Program; Minor/Child; Program Director; and University Unit.

D. Please attach copy of Driver’s License or government issued photo identification for each Covered Adult.

II. Communication Plan:

Please provide below a description of the communication plan to be followed by the Covered Program. The communication plan must include:

- A procedure for obtaining and maintaining contact information for participants’ parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable;
- A procedure for notification of all participants’ parents/legal guardians in the event of an emergency; and
- A procedure for parents and guardians to follow to contact Covered Program personnel and/or their child during Covered Program hours.

Please also provide an emergency action plan to be followed for weather related emergencies (i.e. tornadoes, lightning, extreme heat, etc.)

III. Medical Emergency Plan:

Please provide below a medical emergency plan to be followed by the Covered Program. The medical emergency plan shall comply with UTS’ policy implementing University of Tennessee System Safety Policy 575, and shall include:

- A procedure for obtaining and maintaining (i) authorization from all participants’ parents/legal guardians to transport a Covered Program participant to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatments in the event the parents/legal guardians or their designated emergency contact are not available;
- A procedure for obtaining and maintaining disclosures of any allergies or other medical condition or physical limitation that might impact participation in the Covered Program; and
- A procedure to administer medication to Covered Program participants as necessary during Covered Program hours.

IV. Supervision Plan:

All Covered Program activities involving minors shall be supervised by at least two or more Covered Adults. There shall be no one-on-one contact between a minor and a Covered Adult unless one-on-one contact is essential to the Covered Program and has been approved in advance by the Director of Safety and Security. The term “one-on-one contact” shall mean private, unsupervised, face-to-face interaction between a minor and a Covered Adult without at least another Covered Adult, parent, or legal guardian being present.

Please provide below a description of a supervision plan to be followed by the Covered Program. Please include in your description:

- Whether you are requesting an exception to the rule prohibiting one-on-one contact between a minor and a Covered Adult, and, if so, an explanation of why one-on-one contact is essential to the Covered Program;
 - The proposed ratio of participants to Covered Adults;
 - The breakdown of Covered Adults by category of employees, students and volunteers; and
 - Curfew, rules pertaining to any visitors, and use of free time in the event the Covered Program involves any overnight stays.
-
-
-
-
-
-
-
-

V. Transportation Plan:

Except in exigent circumstances, or a specifically authorized in writing by the Director of Safety and Security or the minor’s parent or legal guardian, a Covered Adult shall not transport a minor who is not his/her own child without another Covered Adult being present, or transport a minor who is not his/her own child using his/her personal vehicle, during the Covered Program or to/from the Covered Program.

Please provide below a description of the transportation plan to be followed by the Covered Program. The Transportation Plan must include:

- A procedure for the pick-up and drop-off of participants, specifying times and locations;
 - A procedure to obtain written permission from a parent or legal guardian in the event any participant is to be released to any person other than his or her parents or legal guardians; and
 - A description of any transportation of participants to be provided by the Covered Program, specifying the type of vehicle, and drivers. Note: Transportation of participants by Covered Adults must, in all instances, be reviewed and approved by the Director of Safety and Security.
-
-
-
-

VI. Signatures:

Signature of Program Director

Contact Number

Date

Signature of Department Head, Vice Chancellor or Dean

Contact Number

Date

Additional forms required for all Covered Programs:

1. Medical Information and Medical Treatment Release and Authorization Form (FORM B)
2. Authorization for Self-Administration of Prescription Medication (FORM B1)
3. Authorization for Dispensation of Over-the-Counter Medication (FORM B2)
4. Tennessee Law on Mandatory Reporting of Child Abuse and Child Sexual Abuse Form for each Covered Adult (FORM C)
5. Standards of Conduct for Covered Adults (FORM D)
6. Release, Hold Harmless and Indemnification Agreement (FORM E)

For third party organizations, the following additional form is required:

7. License for Use of University Property for Program Involving Minors (E1)

*****Office Use Only*****

Responsible Fund Center: _____