

FLORIDA ATLANTIC UNIVERSITY™  
PRE-COLLEGIATE PROGRAMS

Pre-collegiate Programs  
Operating Guide

## Table of Contents

University Policy 3.1	I
Accident and Incident Reporting	9
Acknowledgement of Understanding	11
Disclosure Statement	12
Insurance	14
Letter of Intent	15
Permission to Administer Medication	16
Permission to Treat	18
Photo Release	20
Release of Liability/Waiver	21



<b>SUBJECT:</b> Pre-Collegiate Programs	<b>Effective Date:</b> 2-1-16	<b>Policy Number:</b> 3.1	
	<b>Amended:</b> 4-30-18; 8-21-17		
	<b>Supersedes:</b> New	<b>Page</b> 1	<b>Of</b> 8
	<b>Responsible Authority:</b> Vice President, Student Affairs		

**APPLICABILITY/ACCOUNTABILITY:**

**Scope and Applicability:** This policy applies to all Florida Atlantic University-operated or affiliated programs (FAU pre-collegiate programs) designed for individuals under 18 years of age who have not yet graduated from high school (“minor participants”), whether operated on or off campus, where the program participants are to be left in the care and supervision of Florida Atlantic University employees or volunteers. FAU-operated or -affiliated means programs or activities the University operates or sponsors or in which program staff participate through their University roles with the approved use of University trademarks or facilities.

The Florida Atlantic University Operating Standards for Pre-Collegiate Programs apply to all programs covered by this policy. The policy applies year-round - it is not limited to programs conducted during the summer months. These standards will be maintained, reviewed annually, and updated as appropriate by the Pre-Collegiate Programs Office (PcPO).

**Limitations:** This policy is limited to programs sponsored, overseen, supervised, operated, or managed by the University or any affiliate, and where the participants are under the age of 18. Participants must be: (1) registered in a program approved by the PcPO; (2) in the care and/or supervision of a University employee or volunteer; and (3) without a parent, guardian, teacher, etc. who is responsible for their supervision at all times. The name or title of the program is not controlling, and may include fairs, festivals, entertainment or, sporting activities, and educational programs that include, in whole or in part, care and/or supervision by a University employee or volunteer.

**Exclusions:** Excluded from this policy are: (i) Programs designed for individuals 18 years of age or older, (ii) Programs designed for individuals who have graduated from high school; (iii) FAU’s developmental research (laboratory) schools’ (FAUS) programs designed for FAUS students; and (iv) early childhood education programs at FAU’s Educational Research Center for Child Development. Such programs are excluded even if they serve some or all participants under 18 years of age. Also excluded are pre-collegiate students visiting the campus on their

own or simply using university facilities, campus tours, or other programs that might attract individuals under 18 years of age but do not involve the University's assent to directly supervise the individual.

**All programs covered by this policy must submit an Acknowledgement of Understanding of the Florida Atlantic University Operating Standards for Pre-Collegiate Programs AND the Pre-Collegiate Programs Application. Yearly submission is required for both documents.**

#### **DEFINITIONS:**

1. *Children*: Individuals under the age of 18; when used herein refers to both the singular and the plural, i.e., child or children.
2. *Minor*: Individuals under the age of 18 who have not graduated high school, and are not enrolled in the University.
3. *Participants*: Children participating in a program covered by the aforementioned Pre-Collegiate Programs (or Pre-Collegiate Programs) Policies and Procedures; when used herein refers to both the singular and the plural, i.e., participant or participants.
4. *Pre-Collegiate Program*: A program organized for individuals under age 18, including but not limited to summer, vacation, or after-school, whether academic, athletic, social, or other, covered by the aforementioned Pre-Collegiate Programs Policies and Procedures; when used herein refers to both the singular and the plural, i.e., Pre-Collegiate program or youth programs.
5. *Florida Atlantic University Affiliate*: Any group, organization, or association which may be external to the University, but benefits from an official relationship. Benefits of such relationships may include the approved use of the University's trademarks, facilities or other services.
6. *Florida Atlantic University Operating Standards for Pre-Collegiate Programs (hereinafter "Operating Standards")*: Standards to which any program staff or affiliate who is or may be undertaking the custodial care of children must adhere.
7. *Custodial Care*: Responsibility for the supervision of children on a temporary basis for the purpose of the children engaging in the Pre-Collegiate program.
8. *Program Staff*: Any Florida Atlantic University employee, volunteer, student, intern, or affiliate who has independent unsupervised access to children in a Pre-Collegiate Program or who could have independent unsupervised access to children in a Pre-Collegiate Program.
9. *Visitor*: Any individual who is not program staff and who does not have and who will not have independent unsupervised access to children in a Pre-Collegiate program.
10. *Volunteer*: Any individual who is not paid by FAU or affiliate, but who may have responsibilities to supervise or interact with children, or who may have independent unsupervised access to children. Individuals may be adults or minors.

11. *Continuing*: No break of employment or volunteer time greater than 90 days.
12. *Emergency*: A sudden and unforeseen imminent situation **requiring** immediate remedy or action to preserve the safety of the children in program staff's custodial care.

**POLICY:**

**I. GENERAL PROGRAM STAFFING REQUIREMENTS (SR):**

1. **SR-1: Director/Owner/Operator** – The Pre-Collegiate program director/owner/operator must have at least two prior years of administrative or supervisory experience in the type of Pre-Collegiate program he/she is responsible for directing, **OR** five years of academic experience or content area expertise in the responsible program. The program director/owner/operator must also hold a bachelor's degree or appropriate professional certification related to the responsible program. (*Supporting documentation must be submitted to PcPO with program application.*) All program directors/owners/operators must complete and pass a level 2 background check pursuant to Florida State Law.
2. **SR-2: Program Staff** – Eighty (80) percent of the program staff must be 18 years of age or older. All program staff must be at least 16 years of age and at least 2 years older than the **oldest** program participant(s). Pursuant to Florida State Law, all program staff must complete and pass a level 2 background check through FAU Human Resources (HR). A list of all program staff must be submitted to the PcPO prior to the first day of the program.

**II. PROGRAM STAFF SCREENING REQUIREMENTS (SS):**

1. **SS-1**: The following screening requirements apply to all new paid **and unpaid** program staff with unsupervised access to participants:
  - **SS-1A**: Background check in accordance with Florida law and Florida Atlantic University Human Resource policy;
  - **SS-1B**: Check of the National Sex Offender Registry through the Florida Atlantic University Human Resource Office;
  - **SS-1C**: Driver's License Screen through the Florida Atlantic University Human Resource Office for anyone transporting participants in a vehicle;
  - **SS-1D**: Personal Interview of the individual by the director/owner/operator of the Pre-Collegiate program or his/her designee; and
  - **SS-1E**: Check of References – Either speak to **and** document or obtain a written recommendation from two individuals that the prospective program staff member has known for at least a year and who are not family members or friends. Be sure to ask these references if there is any reason the prospective program staff member should not work with participants (a sample document for memorializing reference checks can be found in the Florida Atlantic University Pre-Collegiate Programs Guide).
2. **SS-2**: The following screening requirement applies to all continuing paid **and unpaid** program staff with unsupervised access to participants:
  - **SS-2A**: On an annual basis, complete a Florida Atlantic University Disclosure Statement for Pre-Collegiate Camps/Programs identifying any criminal charges or convictions since the prior year (a sample Florida Atlantic University Disclosure Statement for Pre-Collegiate Camps/Programs can be found in the Florida Atlantic University Pre-Collegiate Programs Guide);

### III. PROGRAM STAFF TRAINING REQUIREMENTS (ST):

**ST-1:** All Pre-Collegiate program Directors must provide a training program for all program staff. The training program must be in writing, and the Director must review the training program on an annual basis and, make any appropriate updates. Program Directors are responsible for providing documentation that each program staff member has been trained on the following basic topics:

1. **ST-1A:** Recognition, prevention and reporting of child abuse (in accordance with applicable law and FAU's Child Abuse & Neglect Reporting Requirements);
2. **ST-1B:** Recognition and Reporting pursuant to Title IX; and
3. **ST-1C:** Emergency procedures and the role of program staff and/or visitors in implementation.

**ST-2:** The Pre-Collegiate program directors/owners/operators of all FAU Pre-Collegiate programs that use Florida Atlantic University Housing are required to review and understand the Florida Atlantic University Housing Guidelines. All Pre-Collegiate program directors, owners, and operators will receive Housing policy training materials that may be used in their staff training programs.

**ST-3:** All Pre-Collegiate program directors/owners/operators must complete ***Program Director's Orientation Training*** prior to the start of their Pre-Collegiate program.

### IV. SUPERVISION REQUIREMENTS (SP):

**SP-1:** All Pre-Collegiate programs are required to establish and maintain appropriate supervision ratios. **A list of all program participants must be submitted to the PcPO after the first day of the program.**

The overall program staff to participant ratio must be 1:10. These ratios must be met with program staff members who are at least 18 years of age and program staff members that are, at least, two years older than the participants they are supervising. **In the event of an emergency, when the ratios cannot be met, use your best judgment to ensure continued supervision.**

**SP-2:** All Pre-Collegiate programs are required to establish and maintain appropriate supervision for program participants.

#### **Participants *Younger than Age 6***

The requirements of supervision, as it pertains to participants younger than 6, is that program staff are in the same area as the participants, readily accessible, aware and responsible for the ongoing activity of each participant and **able to intervene when needed.**

#### **Participants *Ages 6 and Older***

The requirements of supervision, as it pertains to participants 6 and older, is that program staff are readily accessible, aware and responsible for the ongoing activity of each participant and **able to intervene when needed.**

**SP-3: One-to-one interactions should be avoided to the extent possible.** For example, in situations that require a personal conference, the meeting or activity should be conducted in view of other adults or participants (“**out in the open**”). This includes both adult-to-participant and participant-to-participant contact.

**SP-4: Behavior Management and Discipline:** Pre-Collegiate program directors should develop written policies and procedures to implement fair and consistent disciplinary steps that are appropriate to the participants’ ages, the Pre-Collegiate program and the situation. Discipline policies shall not include corporal punishment.

## **V. MEDICAL CARE (M):**

**M-1:** All Pre-Collegiate programs must develop procedures for handling medical issues and medical emergencies.

- **M-1A:** All Pre-Collegiate programs should use the Florida Atlantic University Pre-Collegiate Program Health Examination Form (located in the Florida Atlantic University Pre-Collegiate Programs Guide), which includes a Permission to Treat clause (to be completed by Parent or Guardian) and the Medical Statement (to be completed by Licensed Medical Personnel). If your Pre-Collegiate program does not use this form, please submit your form for review.
- **M-1B:** All Pre-Collegiate programs should use the Form for Permission to Administer Medication (to be completed by Parent or Guardian) for participants who require medication during the Pre-Collegiate program (located in the Florida Atlantic University Pre-Collegiate Programs Guide);
- **M-1C:** All Pre-Collegiate programs shall designate a Health Officer who is responsible for maintaining participant medication in a locked and secure location **at all times**;
- **M-1D:** All Pre-Collegiate programs must have a plan for obtaining medical attention for participants in emergency and non-emergency situations;
- **M-1E:** All Pre-Collegiate programs must provide a notice to parents or guardians in writing that identifies the situations when the parent or guardian will be notified of illness or injury of their child; and
- **M-1F:** Each Pre-Collegiate program must have at least one individual (program staff or visitor) with current FIRST AID & CPR certification on site at all times.

## **VI. RELEASES AND WAIVERS (RW):**

**RW-1:** All Pre-Collegiate programs must use the FAU Parental Permission Form and Release of Liability for Pre-Collegiate Programs (located in the Florida Atlantic University Pre-Collegiate Programs Operating Guide) OR another Release of Liability approved by Florida Atlantic University Office of General Counsel.

## **VII. TRANSPORTATION (T):**

**T:** All Pre-Collegiate programs that transport their participants must:

- **T-1:** Comply with Florida Atlantic University transportation requirements established by Risk Management and Pre-Collegiate Programs Office.
- **T-2:** Have procedures for the orderly arrival and departure of vehicles and for the unloading and loading of vehicles;

- **T-3: NOT transport participants in the back of a pickup truck or trailer.** All participants must be **in their own seat** and **must wear a seatbelt** when being transported in vehicles on public roads except when participants are transported using public transportation or school buses. The only exceptions are:
  - When wagons or trailers are used for hayrides, or similar activities, at slow speeds (5-10 miles per hour) **off public roads**, and where protective devices are provided to keep participants from falling out or off of the vehicle.
  - When participants are participating in a county-approved parade
- **T-4:** Prohibit the transportation of participants in 12 or 15 passenger vans. Excepted from this requirement are 12 or 15 passenger vans that have been appropriately modified to mitigate the risk of rollover;
- **T-5:** Load vehicles only within the passenger seating limits established by the manufacturer of the vehicle;
- **T-6:** Require that all passengers remain seated while the vehicle is moving;
- **T-7:** Require that all motor vehicles used by the Pre-Collegiate program be equipped with first aid kits;
- **T-8:** NOT allow the use of private vehicles to transport participants;
- **T-9:** Implement a system of regular maintenance and safety checks on vehicles used for transportation that are owned by Florida Atlantic University; and
- **T-10:** Verify the acceptable driving record and experience of any drivers. All drivers must be at least 18 years of age, have a driving record that has been reviewed within the last 12 months and have the appropriate license for the vehicle that is being driven. **All other Operating Standards apply.**

#### VIII. INSURANCE COVERAGE (INS):

**INS-1:** Accident and Illness Insurance must be purchased and/or documented for all resident Pre-Collegiate program participants. Other helpful insurance information can be found in the Florida Atlantic University Pre-Collegiate Programs Operating Guide.

#### IX. HOUSING (HSG)

**HSG-1:** All Pre-Collegiate programs that use Florida Atlantic University Housing must comply with all housing guidelines. Florida Atlantic University Housing guidelines can be found in the Florida Atlantic University Pre-Collegiate Programs Operating Guide.

**HSG-2:** Each participant in a residential program should have his or her individual bed or sleeping surface. The **one student per bed** policy is applicable for any residential program or housing arrangement (on campus or off campus).

#### X. PARKING SERVICES (PK)

**PK-1:** All Pre-Collegiate programs that use Florida Atlantic University facilities on campus must comply with all Parking Services rules and regulations. Florida Atlantic University Parking Services rules and regulations can be found in the Florida Atlantic University Pre-Collegiate Programs Operating Guide.

#### XI. DINING SERVICES (DS)

**DS-1:** All Pre-Collegiate programs that use Florida Atlantic University facilities on campus must comply with all Dining Services and conference guidelines. Florida Atlantic University Dining



Services and conference guidelines can be found in the Florida Atlantic University Pre-Collegiate Programs Operating Guide.

## **XII. COMPLIANCE WITH STATE AND FEDERAL REGULATIONS REGARDING DISABLED INDIVIDUALS (DSB)**

**DSB-1:** All Pre-Collegiate programs must comply with state and federal laws and regulations regarding individuals with disabilities. Any questions should be referred to the Office for Students with Disabilities, the Office of Equity, Inclusion and Compliance, or Office of the General Counsel.

## **XIII. RECORD RETENTION (RR)**

**RR-1:** Records including participant demographics, health forms, program staff or visitor paperwork, etc. should be kept on-hand either physically or electronically and securely maintained as appropriate.

## **XIV. VARIANCE OR EXEMPTION REQUESTS (VAR):**

**VAR-1:** If you believe there is a reasonable basis for your Pre-Collegiate program to vary from an Operating Standard, you may submit a Variance Request to be reviewed by the Advisory Committee of the Pre-Collegiate Programs Office. Variance Requests must be submitted at least thirty days prior to the Pre-Collegiate program's start date, but please allow as much time as possible and have a contingency plan for the possibility that your request is denied. Upon request, the PcPO will provide a form/template for such requests.

## **XV. NEW OPERATING STANDARDS ADDITIONS/CHANGES (NEW):**

**NEW-1:** All revisions to the Operating Standards will be completed by October 15<sup>th</sup> of each year. If a standard is added or modified after October 15<sup>th</sup>, the PcPO will issue a memorandum that will be distributed to all program directors/operators describing the rationale for adding or modifying the standard.

## **XVI. PRE-COLLEGIATE PROGRAMS ADVISORY COMMITTEE (AC):**

**AC-1:** The Pre-Collegiate Programs Advisory Committee shall be comprised of representatives from PcPO, the Compliance Office, Risk Management, and three (3) other members, each one to be designated by the respective Vice President for the Division of Academic Affairs, the Division of Athletics, and the Division of Student Affairs.

**AC-2:** The Pre-Collegiate Programs Advisory Committee shall be authorized to review, revise and update the Operating Standards, to review requests for variances from the Operating Standards and to deny or provide for reasonable variances where appropriate.

## **XVII. ROLES AND RESPONSIBILITIES**

### Pre-Collegiate Programs Office

The Pre-Collegiate Programs Office is responsible for the central management of programs offered to minors. As referenced in this policy, PcPO will approve and track all such programs at FAU. PcPO will ensure that all Pre-Collegiate programs adhere to applicable state and

federal laws, including required background screenings and will maintain that documentation. PcPO will issue, implement, review, and update policies and procedures as needed.

Discrete Pre-Collegiate Program

Each Program Director is responsible for notifying PcPO of such program operations. Program Directors are also expected to comply with all accrediting standards, regulations, rules, and policies as it pertains to their specific program area and the pre-collegiate program offered.

Human Resources

Human Resources shall screen all program staff participating in pre-collegiate programs as required by law. Human Resources will collaborate with Program Directors and PcPO to manage any changes to program staff.

Risk Management

Risk Management is responsible for reviewing incident reports and providing support to PcPO programs during post-incident investigations and service recovery efforts. PcPO programs will report incidents directly to the university's risk management department who will record and house the reports for safekeeping. Risk management may also provide support related to insurance claim filings and/or liability questions in conjunction with the university's general counsel.

Athletics

Athletics shall work with PcPO on all such FAU-sponsored and –affiliated pre-collegiate programs to ensure that proper procedures and processes are in place and being adhered to as required by PcPO, state and NCAA regulations.

**PROCEDURES:**

At least annually, each University operated or affiliated pre-collegiate program shall apply for approval with the Pre-Collegiate Programs Office on a form or in a manner prescribed by the PcPO. A Pre-Collegiate Program may not be operated by an FAU entity or affiliate without a current approval letter from the PcPO.

**INITIATING AUTHORITY:** Vice President, Student Affairs

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POLICY APPROVAL  
(For use by the Office of the President)

Policy Number:   3.1  

*Initiating Authority*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: Dr. Corey King

*Policies and Procedures  
Review Committee Chair*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: Elizabeth F. Rubin

*President*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: Dr. John Kelly

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Executed signature pages are available in the Office of the General Counsel

**FLORIDA ATLANTIC UNIVERSITY RISK MANAGEMENT  
INCIDENT/ACCIDENT FORM**

To be completed for incidents involving injury or potential injury to employees, attendees, visitors and/or general public.

Name of injured person \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Details of Incident/Accident**

Incident Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm Location \_\_\_\_\_

Description of what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report what you think contributed to the incident/accident \_\_\_\_\_

\_\_\_\_\_

Was injured party taken to hospital or doctor? Yes \_\_\_ No \_\_\_

If yes, name of facility \_\_\_\_\_

How injured-party was transported \_\_\_\_\_

Type of injury (ex: cut, puncture, burn, slip & fall) \_\_\_\_\_

State body part injured \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

Witness to incident/accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reported to security/police: Yes \_\_\_\_\_ No \_\_\_\_\_ Officer's Name \_\_\_\_\_

Name of Police Department responding \_\_\_\_\_

(Attach copy of police report to this form)

Report prepared by	
Phone	Date

**Forward to:**  
**Department Risk Management**

\_\_\_\_\_  
**Florida Atlantic University**  
**777 Glades Road**  
**Boca Raton, FL 33431**  
**561-297-2763**

## **Acknowledgment of Understanding of the Florida Atlantic University Operating Standards for Pre-collegiate Programs**

I acknowledge that I have read and understand Florida Atlantic University Policy Number 3.1, for Pre-collegiate Programs, and agree to abide by its terms. My pre-collegiate program is, or will be by Day One of the program, in full compliance with the aforementioned policy. I understand that compliance with Policy Number 3.1 is a pre-condition to operation of the program and that I am responsible for conducting the program in accordance with Policy Number 3.1 throughout the program's duration.

Please submit this signed form to the Pre-Collegiate Programs Office via email to [pcpo@fau.edu](mailto:pcpo@fau.edu).

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Pre-collegiate  
Program: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Florida Atlantic University Disclosure Statement for Pre-collegiate Programs**

Level 2 Screening is required every five years. However, in the interim, this form should be completed and submitted annually by all **continuing** paid and volunteer staff with unsupervised access to pre-collegiate participants (continuing means they have not had a break of employment or volunteer time greater than 90 days). A new background check is required for individuals with a break in employment or volunteer time greater than 90 days.

Name: \_\_\_\_\_

I am a: \_\_\_\_\_ volunteer \_\_\_\_\_ employee in:

Pre-collegiate Program Name: \_\_\_\_\_

Last dates I worked for or volunteered for this Pre-collegiate Program: \_\_\_\_\_

1. Since I worked or volunteered for the Pre-collegiate Program on the dates noted above, I have **NOT** been **charged** or **convicted** of committing any crimes (including misdemeanor or felony charges).  
\_\_\_\_\_ (Please indicate "None")

If you **have NOT been charged** or convicted of committing any crimes, and indicated "None," please **STOP HERE**.

If you **have been charged** or convicted of committing any crimes, please **continue**.

2. Since I worked or volunteered for the Pre-collegiate Program on the dates noted above, I have been **charged** with committing the following crimes (include all misdemeanor and felony charges, the name and location of the entity that charged you and the date of each charge):

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

3. Since I worked or volunteered for the Pre-collegiate Program on the dates noted above, I have been **convicted** of the following crimes (include all misdemeanor and felony convictions, the name and location of the entity that convicted you and the date of each conviction):

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

4. If you would like to provide any explanation or further information regarding your response to items 1 and 2 above, please indicate further information is being attached:

\_\_\_\_\_

I certify that the foregoing information I have provided is true and correct, and I give consent for another background check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FLORIDA ATLANTIC UNIVERSITY  
DIVISION OF STUDENT AFFAIRS

Pre-Collegiate  
Programs Office

Florida Atlantic University  
777 Glades Road  
Boca Raton, FL 33431

**Letter of Intent to Host a Program**

< Date >

< Program >

< Program Director >

<Dear Program Standards Director,>

<Program College/Division/Unit> will host the aforementioned Pre-Collegiate program(s).

<Program Dates>.

Be as specific as possible. If you are planning to host several programs, please list dates of all programs.

<Program Audience>

Please describe your program's intended audience, e.g. ages 10-14, high school seniors, etc.

<Program Location>

Please indicate where your program will take place. Be as specific as possible. For example, if students will split time in several locations, or on different campuses, please indicate. If this is a residential program, please indicate that, as well. Be as thorough as possible.

< Signature (Program Director)>



## Authorization to Administer Medication in Program

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name, First Name

### Part I

Dear Parent or Healthcare Provider,

When considered medically necessary, students may receive medications and treatments as ordered by a licensed healthcare provider, during the program day. Please complete the following information. Be advised that: Orders are valid for one program year.

- NO MEDICATION OR TREATMENT may be given by the program nurse or designee until this form is completed and properly labeled medication is received. THIS INCLUDES OVER THE COUNTER MEDICATIONS SUCH AS TYLENOL, MOTRIN, AND COUGH DROPS.
- A physician signature and a parent signature must be on this form.
- All medications must be stored in their original containers with an appropriate pharmacy label on each bottle. All labels will include the student's name, dose, frequency, route, time of administration of the medication.

### Part II

Dear Healthcare Provider,

The parent initiates this request and has the responsibility for supplying medication and/or treatment supplies. Should the student display any adverse reactions, the parent will be contacted immediately, emergency care will be provided as needed and the medication/treatment discontinued. The parent will be responsible for contacting you for follow-up care as you deem necessary. Please sign below, acknowledging that you understand the procedure for management of side effects to prescribed medications or treatments. Thank you for your assistance.

### Part III

Medication Treatment #1:

Name of Drug/Treatment \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ (include times and duration)

Medication form \_\_\_ pill/capsule \_\_\_ inhaler \_\_\_ ear drops \_\_\_ eye drops \_\_\_ liquid \_\_\_ injectable

Known adverse reactions/side effects \_\_\_\_\_

Prescribed treatment for side effects, if other than as outlined above \_\_\_\_\_

Medication Treatment #2:

Name of Drug/Treatment \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ (include times and duration)

Medication form \_\_\_ pill/capsule \_\_\_ inhaler \_\_\_ ear drops \_\_\_ eye drops \_\_\_ liquid \_\_\_ injectable

Known adverse reactions/side effects \_\_\_\_\_

Prescribed treatment for side effects, if other than as outlined above \_\_\_\_\_

Medication Treatment #3:

Name of Drug/Treatment \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_ (include times and duration)

Medication form \_\_\_ pill/capsule \_\_\_ inhaler \_\_\_ ear drops \_\_\_ eye drops \_\_\_ liquid \_\_\_ injectable

Known adverse reactions/side effects \_\_\_\_\_

Prescribed treatment for side effects, if other than as outlined above \_\_\_\_\_

**Part IV**

Parent Permission:

I hereby give permission for my child to receive the above medications/treatments during program hours. I understand that medications may be administered by the program registered nurse or designee. This designee may be a non-medical person. If a treatment requires a medical or nursing assessment prior to administration, and a licensed medical person is not available, the medication and/or treatment will not be given. This medication and/or treatment is considered a medical necessity and ordered by a licensed healthcare provider. I hereby release the FAUS District, its agents and employees from any and all liability that may result from my child receiving this medication and/or treatment.

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Healthcare Provider Signature                      Date

\_\_\_\_\_  
Parent/Guardian Name (Print)                      Phone #                      Healthcare Provider Name (Print)                      Phone #

**Do Not Write Below This Line-Program Use Only**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication/Treatment Received

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ (Program Nurse Signature)  
Logged in Medical Administration Book:  Yes  No Secured in locked cabinet:  Yes  No

# Permission to Treat or Administer Emergency Medical Care/Authorization to Release Medical Information

I/We, the undersigned Parents/Guardians, in the event of an emergency, give permission for the evaluation and treatment, in our absence, of the above named student as deemed necessary by a currently licensed health care provider, hospital, emergency medical services or program staff. Every effort will be made to contact the parent/guardian. Care of the injured student will be provided as needed. Care will not be withheld until parent arrives or are notified. I/We understand that the parent/guardian is completely responsible for the financial costs incurred with treatment.

I/We, the undersigned, authorize the release of medical information, gathered in the course of a program emergency, to the listed medical care providers and emergency response personnel. I/We authorize the listed medical providers to share any "personal health care information" that will support the health of the student while in program with the designated Health Care staff.

\_\_\_\_\_  
Signature of Parent/Guardian Date Signature of Parent/Guardian Date

## Health Care Provider Information:

Pediatrician/Primary Health Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Coverage:  Yes  No

Company/Carrier Name: \_\_\_\_\_

## Medical History:

My child will take daily or emergency medication during the program day.  Yes  No

Name of drug, dose, frequency, time to be given, date drug therapy started or to be started for each med to be given.

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

A current "Authorization to Administer Medication in Program" form is completed by parent and healthcare provider and is in the Health Center.  Yes  No

(This form is available in the Health Center and Main Office. It must be completed before any medication, including over the counter medications such as Motrin, Tylenol, or cough drops may be given by the program nurse during program hours. A handwritten note from a parent is not sufficient to provide medication authorization.)

Does your child routinely take daily medication at home?  Yes  No If yes, list the name, dose, time given, reason for administration, and any known side effects. \_\_\_\_\_

\_\_\_\_\_

Does your child(ren) have any disease or chronic illness we should know about? Please list below.

\_\_\_\_\_

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Does your child currently have Asthma?  Yes  No If yes, list frequency of asthma attacks, date of last attack and meds taken: \_\_\_\_\_

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Does your child currently have Allergies?  Yes  No If your child has a strong allergic reaction to any substance, you are encourage to bring in a completed "Authorization to Administer Medication in Program" form for oral Benadryl and/or an injectable Epi-pen, Epi-pen Jr. These will be kept locked in the Health Center.

Food/Medication Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_  
Reaction/Reaction Time: \_\_\_\_\_

Contact Allergies (bug bites, airborne vapors, dust, pollen, lotions, latex, etc.): \_\_\_\_\_  
Treatment: \_\_\_\_\_ Reaction/Reaction Time: \_\_\_\_\_

All students receive milk as part of the program dietary program. If your child may not drink milk, state law requires a note from your child's health care provider.

My child may drink milk provided by the program.  Yes  No

Has your child been diagnosed or treated for a vision, speech, or hearing impairment?  Yes  No

Does your child wear glasses/contacts or hearing aids:  Yes  No Explain: \_\_\_\_\_

Has your child been diagnosed or treated for behavioral, developmental, or learning disabilities?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child require assistance as defined by the Americans with Disabilities Act?  Yes  No

If yes, please explain: \_\_\_\_\_

**Medication Policy:**

All routine, regularly scheduled or as needed medications and treatments administered in the program setting must be authorized in advance by a licensed health care provider. This includes nebulizer or inhaler treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC's) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the program nurse or nurse designee to provide these treatments. Before the nurse can administer any medications or treatments the "Authorization to Administer Medication in Program" form must be completed by the parent/guardian and the student's health care provider. This form must be given to the nurse and filed in the Health Center. The parent/guardian must provide to the Health Center the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the student's name, dose, route and time of administration of the medication.

No student is permitted to carry any medication in his/her pocket or backpack unless special permission is granted. All medication will be kept secure in a locked cabinet in the Health Center and dispensed by the Program Nurse or designee.

I/We have read and will abide by the program's medication policy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## PHOTO/VIDEO RELEASE AND CONSENT FORM

I hereby give permission for Florida Atlantic University to use my child's photograph and/or video image solely for the purposes of university-related promotional material and publications and waive any rights to compensation or ownership thereto.

Name of Minor (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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<INSERT DEPARTMENT LOGO>

**Florida Atlantic University  
Permission and Release of Liability  
Pre-collegiate Programs**

I, \_\_\_\_\_, am the parent and/or legal guardian of  
\_\_\_\_\_, a minor child under the age of 18  
years.

I would like to have my child participate in <INSERT PROGRAM> at Florida Atlantic  
University (FAU).

In consideration for my child being allowed to participate in this PRE-COLLEGIATE  
PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. I choose to voluntarily allow my child to participate in this PRE-COLLEGIATE  
PROGRAM. I voluntarily assume full responsibility for any risk of loss,  
property damage or personal injury, which may be sustained by my child as a  
result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for  
any medical costs that may directly or indirectly result from my child's  
participation in this PRE- COLLEGIATE PROGRAM. I agree to pay for any  
medical costs that exceed the limits of my insurance coverage.

\_\_\_\_\_

I do not have medical insurance, but understand the University is not responsible  
for medical expenses that may directly or indirectly result from my child's  
participation in this PRE- COLLEGIATE PROGRAM.

\_\_\_\_\_

I hereby release, waive, and discharge Florida Atlantic University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in <INSERT PROGRAM>, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in <INSERT PROGRAM>.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH THE UNIVERSITY OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

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Signature of Parent and/or Legal Guardian

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Date

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Signature of Parent and/or Legal Guardian

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Date