



## Checklist for Programs with Minors

|  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| <b>PROGRAM REGISTRATION &amp; DOCUMENTATION</b>  |                          |                          |                          |
| Have you completed the Program Registration/ Approval Form?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your VP/Dean approved the Program by signing the completed Program Registration/ Approval Form?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you submitted the approved Program Registration/ Approval Form to the Office of Risk & Compliance at least forty five (45) days prior to the start date of the Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## Checklist for Programs with Minors

|  | YES                      | NO                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| <b>EMERGENCY AND SAFETY PROTOCOLS</b>  |                          |                          |                          |
| Do you have a written communication plan and have you reviewed it with all Program Staff and volunteers:     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Guardian contact information  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency contact information (other than parent/guardian)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Procedure to notify parents in the event of an emergency   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Procedure for parents to contact participants  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a written medical emergency plan and have you reviewed it with all Program Staff and volunteers: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Authorization to transport minor to hospital   |                          |                          |                          |