



TOPS Piano and Creative Writing Camp Policies and Procedures Manual

Created by Taina-Teran Campbell May 2015

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General

The Dorothy F. Schmidt College of Arts and Letters hosts the TOPS Piano and Creative Writing Camp each summer. This policy statement is intended to provide guidance to those involved in the camp. For purpose of definition, this policy covers the following summer program:

Those which include minor child participants under the age of nineteen (19) years who are at the Dorothy F. Schmidt College of Arts and Letters for an instructional program involving use of key facilities such as college buildings, equipment and FAU's Aquatics Center.

Guiding Philosophy

The intent of the Dorothy F. Schmidt College of Arts and Letters is to encourage the use of its facilities, on a space available basis, for TOPS Piano and Creative Writing Camp. Though such programs should not take precedence over programs designed for enrolled students, there are numerous significant reasons why the summer camp program is to be encouraged by the college and its employees. The TOPS Piano and Creative Writing Camp provides the following benefits for the college and University:

- The camp attracts many young professionals to the university, and from the university, many of whom will be highly qualified for future employment at the university;
- Impressions gained by young people as a result of the camp can have a significant impact on their choice of college;
- Facilities which would otherwise be relatively idle during summer months can be used in support of the camp that are available to the public;
- The camp provides an excellent opportunity to acquaint individuals with the college and university in a short period of time;
- Outreach efforts (particularly those aimed at youth), and faculty involvement in same, can be promoted, and
- The reputation of the college and university is enhanced by an effective camp

Special Care

TOPS Piano and Creative Writing Camp attracts youth under the age of 19 to campus. The level of care and supervision appropriate for an enrolled student at the University is not necessarily the same as that which is appropriate for a summer camp participant, even though the oldest camp participants are sometimes older than the youngest of our enrolled students. So, it is essential that campers be overseen in a fashion that is appropriate and intended to keep them healthy and safe while visiting the college and university. Thus, TOPS Piano and Creative Writing Camp and its employees will provide a safe environment for the campers.

Provisions

By the fall semester, after the completion of camp, the camp's office administrator and Director are expected to:

- 1- Update camp website for next summer
- 2- Reconcile camp budget
- 3- Reconcile any paperwork related to the camp

By the spring semester, the camp's office administrator and Director are expected to:

- 1- Work on advertisement (flyers, social media and so on)
- 2- Purchase camp insurance, if necessary
- 3- Pool rental and lifeguards
- 4- T-shirts
- 5- Purchase supplies (folders, pens, music, and so on)
- 6- Staff and Volunteers (hiring, internships and etc.)
- 7- Room Reservations

Appropriate Camp Environment

In order to provide a reasonably safe environment for campers in the camp, the Director will ensure that certain precautions are taken. All campus rules and regulations are in effect. Other precautions that are considered are:

Qualified Counselors/Staff

The college and university are committed to ensuring the safety and well-being of minors who are entrusted to our care and campus, therefore:

- Background checks will be completed for all staff that will be directly involved with children and;
- Training will be provided so that staff members are qualified to direct the activities scheduled and other

Personnel Standards

Responsibilities of the Director

Reports to: Artistic Director

Qualifications:

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.

The Camp Director will:

1. Will be responsible for reviewing and understanding Pre-Collegiate Programs Policy 3.1.
2. Provide volunteers and staff for the camp (preferably at a ratio no smaller than one counselor/staff member to 15 campers); assign a Health Office (nurse or non-medical designee);
3. Inspect camp facilities immediately prior to and after the camp session;
4. Advise participants of appropriate check-in and check-out procedures including charges for damages and lost keys and authorized entry into rooms;
5. 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:
 - ST-1A: Recognition, prevention and reporting of child abuse (in accordance with applicable law and FAU's Child Abuse & Neglect Reporting Requirements);
 - ST-1B: Recognition and Reporting pursuant to Title IX; and
 - ST-1C: Emergency procedures and the role of program staff and/or visitors in implementation.
6. Maintain discipline of all camp participants; including staff and visitors;
7. Collect and have readily available medical release and consent forms for all participants. Forms should contain emergency contact, phone number and known medical conditions; and
8. Other duties related to the camp

Responsibilities of the Staff

Report To: Director

Teacher Qualifications:

- BA, MA or PhD
- Completed paperwork.
- Must be 18 years of age.
- Must be able to demonstrate ability to work cooperatively with other camp staff in handling a variety of situations.
- Possess the desire and ability to relate to people from a variety of backgrounds,

especially youth 5-18 years of age.

- Have some experience working with an organized youth program.
- Possess a flexible and adaptable attitude with a good sense of humor and a concern, and understanding, and enjoyment of young people.

Position Responsibilities:

The camp teacher is responsible for conducting an educational camping program for youth. Efforts are directed toward personal development emphasizing clear and creative thinking, good health habits, responsibility to others, establishing a basic set of values and goals. Teaching involves listening, sharing, guiding, and advising campers. Teachers need to assist campers to adjust to new situations, give encouragement, and care about each camper as an individual. In addition to:

- Providing participants with a safe and secure environment both physically and emotionally where they can participate in educational, recreational, and social experiences.
- Offering opportunities to understand and appreciate cultural diversity and tolerance for others.
- Promoting appreciation for the natural environment and teach environmental stewardship.
- Teaching campers positive personal life skills and values, including, but not limited to: Fairness, Caring, Citizenship, Trustworthiness, Respect, and Responsibility.
- Providing opportunities for participants to learn and practice leadership, decision making, and teamwork through group activities.
- Fostering the development of positive relationships between youth and adults, who serve as positive role models, teachers, and mentors.
- Teachers may be asked to assume additional responsibilities during the course of the camp which s/he may accept or decline.
- Assist with organized educational, recreation, or creative arts activities, including, but not limited to: music, meditations, teaching/aiding classes and other activities and classes.
- Assume the responsibility for one or more of, but not limited to, other areas where needs arise.
- Work cooperatively with the camp director, counselors, other teachers and staff.
- Exercise mature and professional judgment in assuming responsibility for and working

with youth.

- Follow the direction of Camp Director who is supervising/directing TOPS Piano and Creative Writing Camp.
- Perform various duties while maintaining a positive attitude.
- Ensure the safety of campers during all camp activities.
- Complete and submit all required and completed paperwork before camp start.
- Follow all guidelines and policies.

Expectations:

- Participate in training, orientation, planning meetings and/or other preparation as deemed appropriate by the Camp Director
- Attend daily staff meetings to communicate needs and concerns, sign up for duties and support roles, and to provide other feedback regarding the program
- Participate or assist in supervising programs to help ensure that all campers have a positive camp experience
- Clothing will be appropriate. No clothing advertising drugs, alcohol, or inappropriate subjects or behavior will be allowed.
- No alcoholic beverages are allowed. Being under the influence or in possession of alcohol is grounds for immediate dismissal.
- No drugs are allowed, except those being administered under doctors' orders by the camp nurse.
- Tobacco use is not permitted on campus. Tobacco use is never permitted in front of campers.
- Staff may never touch a camper in an effort to discipline, restrain or punish. Behavior problems need to be brought to the attention of the Camp Director.
- NO ONE has the right to physically, mentally, verbally or otherwise abuse any child.
- NO ONE has the right to make any child do any physical exercises of any type as punishment. This includes push-ups., sit-ups, running, etc. The health and wellbeing of every camper is of primary concern.
- NO ONE has the right to attack or put-down others by using words, name calling, profanity or other demeaning statements. Caution and calm language must be used when addressing campers and staff.

- Any and all problems or disagreements with facility staff should be brought to the attention of the Camp Director. Do not confront facility staff personally, unless the immediate safety of campers is at risk.
- Camp Staff are to avoid situations which put them alone with a camper
- Staff who have related children at camp are asked to NOT assign themselves to the related child's group unless the child has a disability that requires assistance.
- Staff with related children as campers are asked not to give special preference, perks or other special attention to their child while at camp.
- Caution must be exercised in displaying affection toward a camper. Certain physical contact may be perceived as sexual or abusive.
- Fraternization and/or relationships with individual campers, staff or volunteers which is inappropriate or reduces the effectiveness of the staff, or that which discriminates against and/or offends campers, staff, agents, volunteers, or others is grounds for dismissal.
- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment and will be dealt with according to Florida Atlantic University policy.
- Camp staff will act in a professional manner and control emotions when problems arise. Staff will openly and honestly discuss problems with relevant parties to seek a solution which is in the best interest of the TOPS Piano and Creative Writing Camp and of themselves.
- Volunteers should not discuss any sensitive issues with or in the presence of other staff or campers.
- Pranks, practical jokes and other behaviors which take advantage of or make fun of others have no place in camp. Seemingly "harmless" activities can easily escalate into inappropriate harassment or bullying behavior or even more dangerous activities.
- Teachers agree not to loan, transfer, give possession for misuse, modify or alter his/her assigned keys. In addition to not causing, allowing or contributing to the making of any unauthorized copies of the above keys. It is the teacher's responsibility to return all keys issued to him/her to the Camp Director on my last day of camp. Violation of this agreement or loss of the keys designated above due to his/her negligence, may render him/her responsible for the expenses of a rekey for the affected areas at a cost of \$250.00.

Responsibilities of the Volunteers

Report To: Director

Minimum Qualifications:

- Desire and ability to work with children in a camp setting
- Strength and endurance required to maintain consistent supervision of campers
- Ability to be a positive member of a team and to accept supervision and guidance
- Good character, enthusiasm, patience, self-control, integrity and adaptability
- Visual and auditory ability to identify and respond to environmental or other hazards related to camp activities

Duties:

- Assist Camp Director
- Set a good example for your campers
- Commit to an entire week of volunteering at TOPS Piano and Creative Writing summer camp
- Assist in programs where campers are present to help create a safe and fun environment
- Provide leadership and participate in camp activities, sharing enthusiasm for each activity
- Work with unit heads, program directors or other staff to meet the needs of the campers
- Encouraging respect for personal property, camp equipment and facilities
- Committing to and upholding all camp rules
- Ability to assist campers in emergencies
- Perform other duties as assigned

Expectations:

- Complete annual application and confidentiality statement
- Pass annual background check
- Attend mandatory Summer Camp Orientation
- Responsibility of knowing and adhering to the policies and the volunteer job description of the camp

Parent Awareness

- Parents are aware of the type of activities in which their child may participate;
- Known risks associated with each activity are clearly explained to parents;
- Safety instructions are available and easily understood; and
- Waivers are signed by all participants (or parents when participants are under the age of 18)

- Permission to treat waiver
- Permission to administer waiver
- Release Waiver
- Photography and Publicity Release Form

See Appendix A for all waivers.

Participant Guidelines

- Campers are placed in the correct skill level for the activities scheduled

Participant Safety

- The overall program staff to participant ratio must 1:10.
- Water related activities have certified lifeguards;
- Safety equipment is inspected prior to and during camp for safe conditions;
- Procedures for releasing children from camp are regularly followed

Disciplinary Procedures

The Dorothy F. Schmidt College of Arts and Letters is committed to the idea that each camper should have a positive and enjoyable experience at summer camp, and the misbehavior of one camper, or a group of campers, is not allowed to impact negatively on the experience of others. Most camps are short in duration, so prompt action is required. Staff, parents and campers are made aware of the disciplinary policy:

1. If a disciplinary action is required, it will be brought immediately to the attention of the Director.
2. The Director will have a discussion with the camper(s) and all other parties involved and contact the parent regarding situation. If necessary, the Director will have a discussion with the parent at the end of camp day.

Security and Safety Procedures

The most important responsibility of TOPS is the **safety** of campers, volunteers and staff. The following safety standards and practices are important in maintaining a safe environment and program.

Check in and Check Out Procedures

- Attendance will be taken in the morning and at strategic times throughout the camp day to ensure that all campers are properly accounted for. The attendance sheet is a legal document and should only have the appropriate check marks or A for absent in the boxes. All Campers must be registered for the camp to attend.

- At the end of day, the Director will check out each camper via the attendance sheet. The Director will specifically communicate with each parent/guardian after camp ends marking the attendance sheet; releasing each camper to their parent/guardian.

Safety Plan for General Onsite

- Every day camp must be in compliance with all local fire and safety code requirements, as prescribed by State and County regulations including having an evacuation plan posted.
- To provide an early alert to fire, fire alarms are located in all facilities and Camp Directors must be aware of their locations in the event of an emergency. An emergency evacuation drill will be conducted on the first day of each session.
- Facilities are inspected prior to and during the camp for safe conditions; inspections will occur in the morning and the afternoon each day for optimum safety. This inspection includes checking to see that soap and toilet paper are available in all bathroom facilities.
- Equipment is kept in safe condition and suitable for intended use.
- The Director signs in the camper when they drop them off at camp, physically delivers them to a parent at the end of camp.
- Campers are supervised by staff at all onsite activities.
- At least have one staff member certified by a national organization in cardiopulmonary resuscitation (CPR) and First Aid must be on duty at all times during onsite activities; protective gloves will be used when providing first aid care to avoid the possibility of contamination.
- Confidential health information and emergency contact records will be maintained on site for all campers, staff, and volunteers. In addition, the designated Health Officer (a nurse or non-medical designee) will be responsible for maintaining camper's medication in a locked and secure location.
- A phone (i.e., either a land line or a cell phone) will be available for use in the event of an emergency.
- To minimize risks that might result in injury, every safety precaution will be taken when implementing an activity including giving verbal instructions and precautions, having staff keep alert for potential hazards, and having a First Aid kit on site.

Emergency Safety Plan for Injury or Acute Illness

In the event of an emergency involving an injury or acute illness, the Camp Director will:

- In emergency situations, call 911 to summon emergency personnel and parent/guardian
- In non-emergency situations, call the parent/guardian
- Isolate the scene to prevent further injury or illness

- Have a staff person accompany the child to the hospital and stay until the parent arrives
- Prepare a written report immediately but no later than 24 hours following the occurrence

Incident Reports

Reports must be completed immediately and submitted to the Director no later than 24 hours following the occurrence.

Risk Management (<http://www.fau.edu/facilities/ehs/contacts.php>) is responsible for reviewing incident reports and providing support to TOPS during post-incident investigations and service recovery efforts. TOPS 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.

See Appendix B for TOPS Accident/Incident Report Form

Safety Plan for Emergency Evacuation

As a safety precaution, an emergency evacuation drill is conducted on the first day of every session as follows:

- Staff will escort the campers out of the building in an orderly fashion, and proceed to a safe area (i.e., at least 75 feet from the facility).
- All camp staff must remain with their group and take attendance.
- If all campers and staff are accounted for, the Camp Director will maintain order and resume camp activities.

See Appendix C for emergency evacuation plan.

Swim Safety Standards

Lifeguards will monitor the activity at the pool, camp staff is expected to provide additional assistance to ensure that campers follow pool safety guidelines. This expectation is because swimming is one of the most dangerous activities that occur during camp hours. In addition, when leaving to the pool the Director will take attendance. At the end of swim, roll call is taken as campers are ready to leave the pool area.

- One certified lifeguard will be on duty for every 25 campers
- One staff will be on duty as a designated watcher at the side of the pool for every 25 campers

Accident / Medical Insurance

It shall be the camp's responsibility to ensure compliance of this requirement, if needed.

Sexual Discrimination, Sexual Harassment, and Sexual Violence

Title IX of the Education Amendments of 1972 (“Title IX”), a federal law that prohibits sex discrimination in education, provides as follows:

“No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance....”

The following staff members have primary responsibility for overseeing Title IX compliance.

See Appendix D for more information.

Child Abuse Mandates

At all times, staff must be alert for potential signs of child abuse or neglect, whether sexual or physical. We take child abuse seriously.

- A criminal background check is made of all staff for offenses related to child abuse
- All camp staff are trained on the child abuse reporting requirements before camp start date – all staff must complete the Child Abuse and Neglect Prevention Training at <http://www3.fl-dcf.com/rcaan/> and forward completion certificated to the Director; certificates are valid for 5 years

Understanding Abuse

Child abuse may take several forms:

- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse

Note: Any of these types of abuse can have many emotional and psychological effects on a child.

Child or Youth	Any unmarried person under the age of 18 years who has not been emancipated by order of the court. F.S. 39.01(12)
Abuse	Any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired.

	Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child. F.S. 39.
Neglect	Occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. F.S. 39.01(44)
Harm	“Harm” to a child’s health or welfare can occur when any person: (a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury. In determining whether harm has occurred, the following factors must be considered in evaluating any physical, mental, or emotional injury to a child: the age of the child; any prior history of injuries to the child; the location of the injury on the body of the child; the multiplicity of the injury; and the type of trauma inflicted F.S. 39.01(32)

Policy and Law

- FAU policy on Mandatory Reports of Child Abuse
- House Bill 1355 (Penn State Bill)
- Summary of Legislation

There are four (4) ways to make a report if potential signs of child abuse or neglect, whether sexual or physical, are observed:

1. Online (to file an abuse report online, simply visit the Department of Children and Families’ website), Reporting Website - <https://reportabuse.dcf.state.fl.us/>

2. Telephone – call 1-800-96ABUSE (1-800-962-2873)
3. Fax report to 1-800-914-0004 (the fax report form can be found on the Department of Children and Families' website)
4. Florida Relay 7-1-1 or TTY (Teletypewriter/Telephone Device for the Deaf) – call 1-800-453-5145

You will need the following information when reporting to the hotline:

- Child's information (victim)
- Parent/guardian/caregiver information
- Names of other children in the home and their location(s)
- Alleged abuser information (alleged perpetrator)
- Address and phone information
- Who, what, when, where, why, and how information about the abuse or neglect
- Where the child will be in the next 24 hours and where the child is now
- Your information, including address and phone number
- Names of other people who may also know about the situation

DO and DON'Ts

DO

- Encourage the parent to contact a community organization or service for help.
- Be observant and aware of characteristic signs of child abuse.
- Realize that parents may be in need of help and most often can be assisted through services or community resources.
- Take action when you suspect or observe abuse and/or neglect, or the signs of possible abuse or neglect.
- Become involved and report any 'suspected' incident of child abuse to the authorities; the law states that if you do so in 'good faith,' you cannot be prosecuted.

DO NOT

- Do not think it is your responsibility to investigate or prove a case of abuse or neglect.
- Do not remain ignorant about the situation.
- Do not lose your temper with a parent/guardian; it only serves to put him/her on the defensive.
- Do not wait to suggest that help is needed.
- Do not make excuses for child abuse or ignore the warning characteristics.
- Do not assume that parents are 'bad' and cannot be changed.
- Do not be influenced by gossip or secondhand information; it may serve only to involve innocent parties.
- Do not be afraid to become involved – you may be the one to save a child's life.



Appendix

Appendix A – Waivers



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 camp staff.

I/We, the undersigned, authorize the release of medical information, gathered in the course of a camp 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 camper while in program with the designated Health Officer (nurse or non-medical designee).

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.

* If yes, a current "Authorization to Administer Medication in Program" form must be completed by parent.
Are you completing an "Authorization to Administer Medication in Program" form. Yes No

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 have any disease or chronic illness we should know about? Please list below.

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

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.

Food/Medication Allergies: Treatment:

Reaction/Reaction Time:

Contact Allergies (bug bites, airborne vapors, dust, pollen, lotions, latex, etc.):

Treatment: Reaction/Reaction Time:

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 (OTCs) such as Tylenol, Motrin, Cough Medicine, and Cough Drops.

Parent/Guardian Signature Date



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 health officer (a nurse or non-medical 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 _____
Dose: _____ Route _____ Frequency _____ (include times and duration)
Medication form: pill/capsule inhaled 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 _____
Dose: _____ Route _____ Frequency _____ (include times and duration)
Medication form: pill/capsule inhaled 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 _____
Dose: _____ Route _____ Frequency _____ (include times and duration)
Medication form: pill/capsule inhaled 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 health officer (a nurse or non-medical designee). 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 FAU, 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: _____ (Health Officer Signature)
Logged in Medical Administration Book: Yes ___ No ___ Sealed in locked cabinet: Yes ___ No ___
Date: _____ Amount: _____ Approved by: _____ (Health Officer Signature)
Logged in Medical Administration Book: Yes ___ No ___ Sealed in locked cabinet: Yes ___ No ___
Date: _____ Amount: _____ Approved by: _____ (Health Officer Signature)
Logged in Medical Administration Book: Yes ___ No ___ Sealed in locked cabinet: Yes ___ No ___
Date: _____ Amount: _____ Approved by: _____ (Health Officer Signature)
Logged in Medical Administration Book: Yes ___ No ___ Sealed in locked cabinet: Yes ___ No ___
Date: _____ Amount: _____ Approved by: _____ (Health Officer Signature)
Logged in Medical Administration Book: Yes ___ No ___ Sealed in locked cabinet: Yes ___ No ___

Treatment: _____ Reaction/Reaction Time: _____
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 inhaler or inhaled treatments for asthma, medications, ointments, or dressing changes to the skin and all over the counter medication (OTC) such as Tylenol, Motrin, Cough Medicine, and Cough Drops. A note from the parent/guardian does not authorize the nurse or designee to provide these treatments. Before the nurse or designee can administer any medications or treatments the "Authorization to Administer Medication in Program" form must be completed by the parent/guardian. The parent/guardian must provide to the Director the prescribed medication stored in the original container with an appropriate pharmacy label on each bottle. All labels must include the camper's name, dose, route and time of administration of the medication.
No camper 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 TOM Office and dispensed by the nurse or designee.

I/We have read and will abide by the program's medication policy. _____
Parent/Guardian Signature _____ Date _____



Florida Atlantic University Parental Permission Form and Release of Liability for
Pre-collegiate Programs TOPS Piano and Creative Writing Camp

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 the following PRE-COLLEGIATE PROGRAM at Florida Atlantic University
(UNIVERSITY): TOPS Piano and Creative Writing Camp which will take place from _____ to
_____.

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

- 1. This PRE-COLLEGIATE PROGRAM affords my child the opportunity to participate in activities, including,
but not limited to: piano, creative writing, arts oriented classes, swimming and campus tours. There are
inherent risks involved with these activities, including but not limited to recreational incidents. 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, including death, 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.
3. I certify that my child is physically fit to participate and I know of no medical reason why my child should
not participate.
4. 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 this PRE-
COLLEGIATE 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 this PRE-
COLLEGIATE 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.

Signature of Parent and/or Legal Guardian

Date



PHOTO/VIDEO RELEASE AND CONSENT FORM

I hereby do do not 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: _____



Appendix B - FAU Accident/Incident Report Form

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

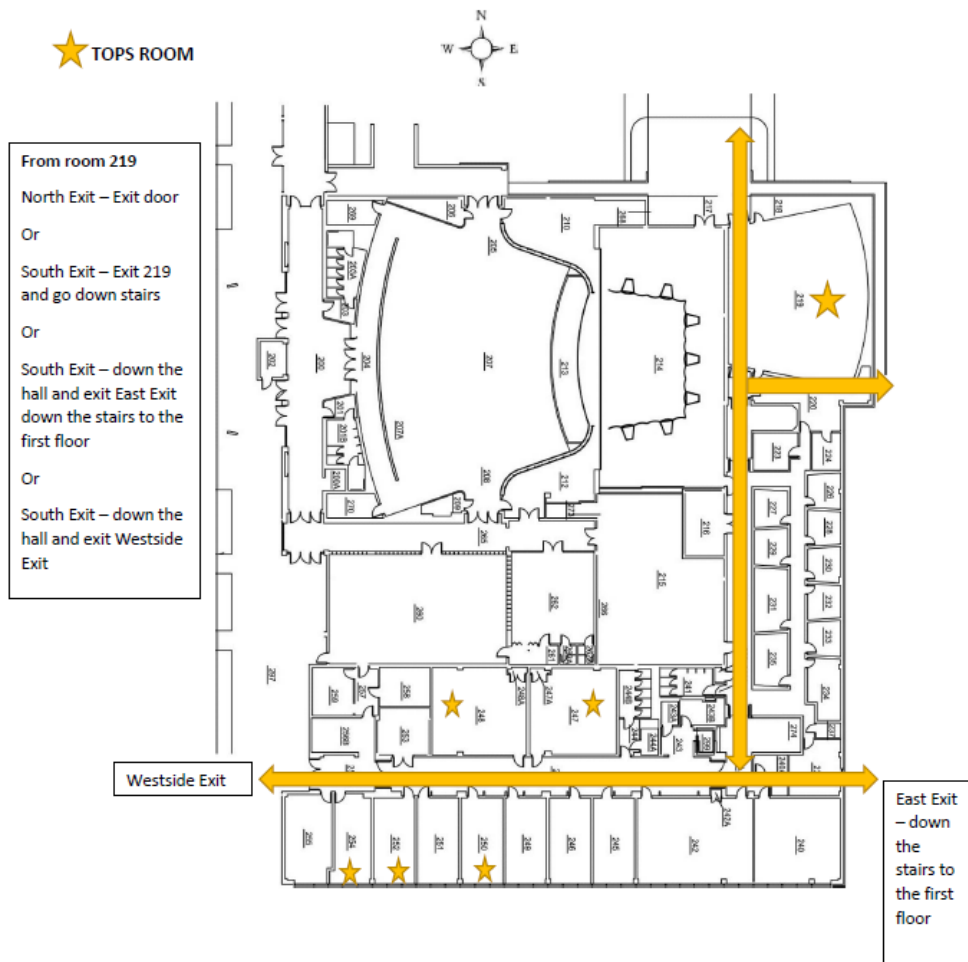
Forward to:
Department Risk Management
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431
561-297-2763

Appendix C – Emergency Evacuation Plan

Arts and Letters Building (9), second floor plan

EVACUATION MAP

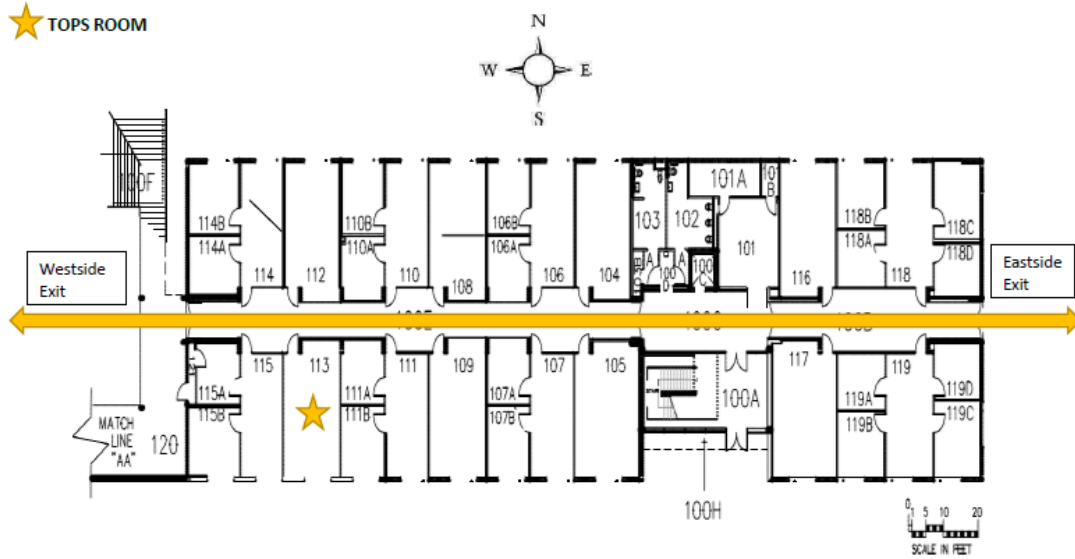
4 EXITS in which campers may be evacuated from at least 75 feet from building



Arts and Humanities Building (52), second floor plan

EVACUATION MAP

2 EXITS in which campers may be evacuated from at least 75 feet from building



Appendix D – Sexual Discrimination, Sexual Harassment, and Sexual Violence

Title IX at FAU:

Sexual Harassment, Violence, and Misconduct

Your Rights and Resources under Title IX, FAU's Student Conduct Policy 4.007 and Anti-Discrimination and Harassment Policy 5.010

Title IX is a federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. All public schools receiving federal funds must comply with Title IX that includes high schools and universities. Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence such as rape, sexual assault, sexual battery, sexual exploitation, or dating violence.

Gender-based violence and harassment are behaviors that are committed because of a person's gender or sex. They can be carried out by a boyfriend or girlfriend, a date, or adults. If someone does any of the following to you because of gender or sex, it may constitute gender-based violence or harassment.

You may be subjected to sex or gender-based harassment, violence, or misconduct if you are:

- 1) forced to have sex against your will
- 2) pressured into performing sexual acts
- 3) touched in an intimate or sexual way against your will
- 4) sent repeated and unwanted texts, IMs, online messages, and/or phone calls that may include sexual or gender-based comments
- 5) subjected to repeated cyberbullying or harassment if someone posts sexual comments made about you to classmates through sites like Facebook, Instagram, etc.
- 6) verbally or physically threatened
- 7) subjected to violence from someone with whom you have or have had a significant romantic or intimate relationship
- 8) subjected to harassment when someone shares naked photos of you with others without your permission

This lists only a few ways that you may encounter sexual harassment or violence.

What are your options?

- 1) Call 9-1-1 for immediate assistance
- 2) Report it to someone in authority which includes any of the offices listed on the right side of this document.
- 3) For confidential resources, you may contact Counseling and Psychological Services, pastoral counselors, or even the medical professionals at the Student Health Center.
- 4) You may file a Title IX complaint against the perpetrator and the University will open an investigation. During the investigation, you can request accommodations like counseling services, class changes, or exam extensions to assist you.
- 5) If you report to the police, you can file a criminal complaint.¹

RESOURCES

- **Title IX Coordinator**
 - ADM 10 Rm. 265
 - 561-297-3004
 - www.fau.edu/eic
- **Dean of Students**
 - SSB 8 Rm. 226
 - 561-297-3542
 - www.fau.edu/dean
- **Counseling Services**
 - SSB 8 Rm. 229
 - 561-297-3540
 - www.fau.edu/counseling
- **Student Health Services**
 - SSB 8 Rm. 240
 - 561-297-3512
 - www.fau.edu/shs
- **FAU Victim Services (24 Hours)**
 - Campus Ops Bldg Rm 69
 - 561-297-0500
 - www.fau.edu/police/victimservices
- **FAU Police**
 - Campus Ops Bldg
 - **9-1-1**
 - www.fau.edu/police
- **Student Accessibility Services**
 - Student Union 133
 - 561-297-3880
 - www.fau.edu/sas

¹ Some material was adapted from knowyourix.org (Know Your IX: Title IX for High School Students, n.d.)