

## Guidelines for Academic Camps and Clinics at A-State

Seek approval for new and/or continuing camps from appropriate Chair or Dean.

1. Budget Process – Unless subsidized by a grant, camps/clinics must be self-supportive (operated by revenue generated by the camp, i.e. camp registration fees).
  - a. Camp may be operated through an existing department account.
  - b. Camp may be operated through a grant account
    - i. Contact the Office of Sponsored Programs Accounting at 972-2400 to ensure that all requirements are met with respect to expending funds, meeting documentation requirements, etc.
  - c. Camp may require a separate ‘camp account’ be established
    - i. Contact the Controller’s Office at 972-2024 and the Budget Office at 972-3700 to request this.
  
2. Risk Management - the Office of Risk Management should be contacted for completion of appropriate risk management forms and additional considerations. Contact Information: Telephone 972-2309; e-mail [risk@astate.edu](mailto:risk@astate.edu) .
  - a. **Forms** – these forms are attached
    - i. Liability Waivers – Must be completed by camp attendees’ parents or legal guardians and kept on file for five (5) years.
    - ii. Medical Release Forms - Must be completed by camp attendees’ parents or legal guardians and kept on file for five (5) years.
    - iii. Add your event to the University-wide On-line Calendar Database at <http://www.AState.edu/SubmitEvent>  
This form is for ALL university events, regardless of venue, and serves three important purposes.
      - By gathering all events in one database, university response teams will have better situational awareness of what groups are on campus during emergencies.
      - Individuals managing future events can consult the full database to avoid conflicts when planning.
      - A more comprehensive calendar of public events becomes available to the university and regional communities to help promote A-State activities.

Event organizers are responsible for filling out the form at the same time they are securing venues for on-campus events. The database should include any event, public or invitation-only. Private or invitation-only events will not be a part of the website-

based calendar, but are listed in the database for planning or emergency purposes. If you have questions or concerns, contact the A-State Marketing and Communications Office at 972-3820.

b. Additional Considerations

- i. Accidents, Injuries and Illness of Camp Attendees: Camp Directors and camp staff/volunteers should understand and effectively communicate the university's position on accidents, injuries and illnesses of camp attendees. This **statement** should be posted on camp websites and registration pages, printed in brochures, etc. "Certain risks of personal physical injury, property damage or other losses exist with respect to participation in camps/clinics/ workshops, etc. Participants must assume all risks of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in said events. Arkansas State University does not assume responsibility for payment of ambulance services, emergency room fees, prescriptions, or any other medical treatment."
- ii. Compliance with the university's Child Maltreatment Reporting Policy, Affirmative Action Policy, and Title IX Procedures. Contact the Assistant Vice Chancellor for Human Resources at 972-3454 for required information and training for all camp staff/volunteers.
  1. AS SOON AS POSSIBLE prior to the start of the camp, Camp Directors should provide a list of camp staff/volunteers.
  2. All camp staff and volunteers must complete a background check prior to the start of the camp through the online request form <http://www.astate.edu/a/hr/files/background-check-form.dot> .
  3. Arkansas State University is committed to providing an educational and work environment for its students, faculty, and staff that is free from sexual discrimination including sexual harassment, sexual assault, and sexual violence. No form of sexual discrimination will be tolerated. Employees with supervisory responsibilities including deans, vice chancellors, department chairs, faculty, student conduct, human resources, athletic administrators and coaches, and university police personnel must report incidents of sexual discrimination either observed by them or reported to them to the Title IX Coordinator who will conduct an immediate, thorough, and objective investigation of all claims. By reporting and learning about these types of behavior, you help us to improve our campus community."

[https://cm.maxient.com/reportingform.php?ArkansasStateUniv&layout\\_id=1](https://cm.maxient.com/reportingform.php?ArkansasStateUniv&layout_id=1)

iii. Suggested Minimum Staff/Camp Participant Ratios

**Ratios of staff on duty with program participants** in units or living groups and, in general, program activities are:

Age of Participants	Staff	Overnight	Day-Only
4-5 years	1	5	6
6-8 years	1	6	8
9-14 years	1	8	10
15-18 years	1	10	12

iv. Accident Documentation and Reporting. In the event of an accident or incident, the attached **incident report** should be completed and returned to the Office of Risk Management within the Office of Finance and Administration.

v. Emergency Medical Procedures. In the event of an emergency, the **university's emergency medical procedures**, policy number 03-01, should be followed. These procedures are attached and can be found on the university's website at <http://www.astate.edu/dotAsset/fecb9916-e2a3-43ba-abad-b78a4b9fdd91.pdf>

vi. Other Possible Risk Management Concerns specific to your camp activities (example: transporting camp attendees) may be addressed by contacting the Office of Risk Management.

3. Residence Life should be contacted for information about housing availability and related costs for over-night camps. The residence life event coordinator may be reached at 680-4073 and information is available on-line at <http://www.astate.edu/a/residence-life/camps/>
4. Dining Services should be contacted for information about camp meals for your camp. Dining Services can be reached by 972-2059. Information about camps and to fill out the brochure online can be done at <http://www.astate.edu/a/dining/> and email it to [Mcobb@astate.edu](mailto:Mcobb@astate.edu).
5. Parking Services should be contacted at 972-2945 to address any parking concerns for camp participants, staff, sponsors or spectators. Information about event parking is also available on line at <http://www.astate.edu/a/parking/event-parking/>
6. The University Police Department should be notified of the dates/times of your camp/clinic, as well as where your activities will be held on campus. UPD can be reached at 972-2093 and an 'Event Notification' form can be completed on-line at <http://www.astate.edu/police>.



## Approval Form for New Academic Camps/Clinics

Faculty Submitting Camp/Clinic Proposal: \_\_\_\_\_

Are you teaching or conducting research during the semester camp is offered?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you plan to be compensated for directing the camp?

If YES, how much? \_\_\_\_\_ NO \_\_\_\_\_

Proposed Dates of Camp/Clinic: \_\_\_\_\_

Name of Camp: (ex. Art Camp) \_\_\_\_\_

Purpose of Camp: (ex. Instruction in mixed media art projects designed for school age children)

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

Will camp/clinic participants stay on campus overnight? YES \_\_\_\_\_ NO \_\_\_\_\_

Age Group of Camp Attendees: \_\_\_\_\_

Number of Attendees Expected: \_\_\_\_\_

Amount of Registration Fee: \_\_\_\_\_

Anticipated Total Revenue: \_\_\_\_\_

Anticipated Total Expenses: \_\_\_\_\_

Camp Evaluation Method (how will you assess the effectiveness of this camp, e.g., faculty, student and/or parent evaluation forms).

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

Other information to be considered when approving this request:

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

\_\_\_\_\_  
Signature of Faculty Making Request / Date

\_\_\_\_\_  
Chair of your Department/ Date

\_\_\_\_\_  
Dean of your College / Date

You may choose to notify Beverly Gilbert once your Chair and Dean have approved at [ca@astate.edu](mailto:ca@astate.edu); or [bboals@astate.edu](mailto:bboals@astate.edu) if you would like to be included in the overall marketing for the Summer Camp Academy; or call 8358 for information on documentation and record-keeping. Assistance with registration, marketing, etc. is optional. Your department or college may choose to be responsible for all aspects of your camp.

# **Risk Management Forms and Information**

**RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE**

**PARENT OR LEGAL GUARDIAN CONSENT (for minor participants)**  
**FOR PARTICIPATION IN**  
**ARKANSAS STATE UNIVERSITY EVENTS**

As the parent or legal guardian of \_\_\_\_\_, I give my  
(Participant's Name)  
consent and approval for \_\_\_\_\_ to participate in  
(Participant's Name)

\_\_\_\_\_ (EVENT NAME)  
on \_\_\_\_\_, at \_\_\_\_\_.  
(EVENT DATES) (Location)

**I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist with respect to participation in this event and further agree to:**

**Assume all risks** of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in this event.

**Fully release and discharge** Arkansas State University, its officers, agents and employees from any and all claims from personal injuries, property damages or other loss that participant may suffer on account of participation in said event.

**Indemnify and hold harmless** Arkansas State University, its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by participant and arising out of, connected with, or in any way associated with participant's participation in said event.

**I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.**

\_\_\_\_\_  
Name of Parent or Legal Guardian (Print)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date \_\_\_\_\_

**RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY  
DAMAGE**

**ARKANSAS STATE UNIVERSITY EVENTS  
(for participants ages 18 and over)**

I \_\_\_\_\_, have chosen to participate in  
(Participant's Name)

\_\_\_\_\_ (EVENT NAME)  
on \_\_\_\_\_, at \_\_\_\_\_  
(EVENT DATES) (Location)

**I recognize and acknowledge that certain risks of personal physical injury, property damage, or other losses exist with respect to participation in this event and further agree to:**

**Assume all risks** of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in this event.

**Fully release and discharge** Arkansas State University, its officers, agents and employees from any and all claims from personal injuries, property damages or other loss that participant may suffer on account of participation in said event.

**Indemnify and hold harmless** Arkansas State University, its officers, agents and employees from all claims, suits, actions, injuries, damages, and losses sustained by participant and arising out of, connected with, or in any way associated with participant's participation in said event.

**I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_



## ASU Camp Medicine Information and Consent to Self-Administration Form

Camper's Name: \_\_\_\_\_

Parent/Guardian Name/Address/ Contact Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camper Allergies if any: \_\_\_\_\_

My camper takes the following medications and is authorized to self-administer those medications. If none, indicate NONE below.

Medication	Dosage Amount	How often?	Expected Side Effects

Arkansas State University will not provide nor administer any medications to campers without first obtaining consent of the parent/guardian.

Please provide any additional information we should know regarding your child's medication or medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**THE AUTHORIZATION TO TREAT AND FOR RELEASE OF HEALTH RECORDS OR INFORMATION CONTAINED ON THE OPPOSITE SIDE OF THIS CONSENT (or as additional page) MUST BE EXECUTED.**

## **Authorization to Treat and for Release of Health Records or Information**

**SECTION A:** As the parent or legal guardian of the student/patient identified below, who is a minor attending camp at Arkansas State University, I hereby authorize Arkansas State University, hereinafter referred to as the health care provider, to arrange for medical treatment to the minor should such medical care be deemed necessary by camp personnel. I further authorize Arkansas State University to disclose the minor's personal health information to the persons or entities named below. I understand this authorization is voluntary and made to confirm my directions regarding treatment of the minor and release of his or her personal health information.

Student/Patient Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Health Record Number (if any): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION B: Personal Health Information to be Disclosed:** Specifically and meaningfully describe the personal health information you are authorizing to be used and/or disclosed:

Any and all personal health information within the possession of the health care provider.

**Persons/Entities Authorized to Receive and Use:** Name or specifically describe the persons and/or entities to whom you are authorizing the above medical care provider to disclose or let use the personal health information described above:

All medical care providers giving medical services to my minor child or ward.

**Purpose of the Disclosure:** The disclosure is being made to assist in the provision of medical care to my minor child or ward while he or she is participating in a camp at Arkansas State University.

**Right to Revoke:** I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the above named medical care provider. I understand the revocation will not apply to medical care which has already been rendered or information that has already been released in response to this authorization.

**Voluntary Authorization:** I understand that authorizing the medical care and disclosure of the personal health information is voluntary. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. This authorization will expire two (2) years from the date below.

### **SIGNATURE:**

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my directions to the health care provider. I understand that, by signing this form, I am confirming my authorization that the health care provider may arrange for medical care to be provided to my minor child or ward and disclose to the persons named in this form the nonpublic personal health information described in this form.

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

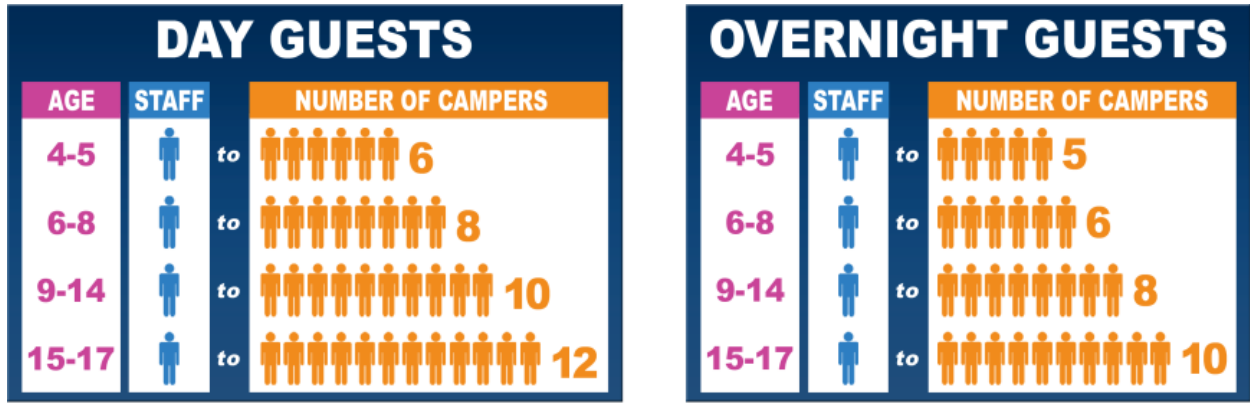
Relationship to Individual: \_\_\_\_\_

Witness: \_\_\_\_\_

Regarding accidents, injuries and illness of camp/clinic attendees:

“Certain risks of personal physical injury, property damage or other losses exist with respect to participation in camps/clinics/ workshops, etc. Participants must assume all risks of any such personal injuries, property damages, or other losses that participant may sustain as a result of participation in said events. Arkansas State University does not assume responsibility for payment of ambulance services, emergency room fees, prescriptions, or any other medical treatment.”

## RECOMMENDED STAFF/ATTENDEE RATIOS



American Camp Association

Safety, staffing, training, emergency procedures, and camp risk management

[www.acacamps.org](http://www.acacamps.org)

**ARKANSAS STATE UNIVERSITY - ACCIDENT REPORT FORM (Non-employee)**

**Injured Party Information:**

Status: \_\_\_\_\_ Student      \_\_\_\_\_ Visitor      \_\_\_\_\_ Other

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

ASU Student ID: \_\_\_\_\_ If Visitor or Other: D.L. No. \_\_\_\_\_

**Description of Accident**

Date and Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

**Nature of Injury:**

Asphyxiation \_\_\_ Burn \_\_\_ Laceration/Cut \_\_\_ Other (specify): \_\_\_\_\_

Amputation \_\_\_ Concussion \_\_\_ Poisoning \_\_\_ \_\_\_\_\_

Abrasion \_\_\_ Dislocation \_\_\_ Puncture \_\_\_ \_\_\_\_\_

Bite \_\_\_ Fainting \_\_\_ Shock \_\_\_ \_\_\_\_\_

Bruise \_\_\_ Fracture \_\_\_ Sprain/Strain \_\_\_ \_\_\_\_\_

**Part of Body Injured:**

Abdomen \_\_\_ Ear \_\_\_ Hand \_\_\_ Mouth \_\_\_ Other (specify): \_\_\_\_\_

Ankle \_\_\_ Elbow \_\_\_ Head \_\_\_ Neck \_\_\_ \_\_\_\_\_

Arm \_\_\_ Eye \_\_\_ Hip \_\_\_ Nose \_\_\_ \_\_\_\_\_

Back \_\_\_ Finger \_\_\_ Knee \_\_\_ Shoulder \_\_\_ \_\_\_\_\_

Chest \_\_\_ Foot \_\_\_ Leg \_\_\_ Teeth \_\_\_ \_\_\_\_\_

How did the accident happen? What was the individual doing? List specific activity or conditions that led to the accident. \_

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

**Witnesses:**

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

Phone: \_\_\_\_\_

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

Witness Statement: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

Witness Statement: \_\_\_\_\_

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

**Immediate Action Taken:**

Ambulance Called: \_\_\_\_\_ Transferred to Hospital: \_\_\_\_\_ If yes, which hospital:

Transferred to Student Health Center \_\_\_\_\_ by: \_\_\_\_\_

Referred to Student Health Center: \_\_\_\_\_ Other: \_\_\_\_\_

ASU Employee Completing Report (print name/department): \_\_\_\_\_

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

**THIS DOCUMENT MUST BE SUBMITTED TO THE Office of Finance & Administration**

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# Arkansas State University - Jonesboro

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**Effective Date:** 07/01/97

**Number:** 03-01

**Section:** Administration

**Subject:** Emergency Medical Procedures

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The purpose of this guideline is to establish procedures to be followed whenever a medical emergency exists on University property. A medical emergency may be defined as an urgent need for assistance or relief.

**A Life Threatening Medical Emergency** exists when an individual is:

1. Unresponsive
2. Difficulty breathing
3. Chest pain
4. Profuse bleeding
5. Seizure
6. Other serious bodily injury

If you are assisting in an emergency situation, follow these procedures:

**If individual is unresponsive:**

1. Call 9-911
2. Identify yourself
3. Provide building name, floor number and room number
4. Provide type of emergency
5. Call University Police Department at 972-2093
6. Assess the client's breathing. This can be done quickly by looking at the rising and falling of the chest.
7. Tap the client's shoulder and ask, "Are you OK?" to judge responsiveness.
8. If not breathing, or having difficulty breathing, position head in a neutral, slightly tilted back position.
9. Assess pulse. If there is no pulse and the client is not breathing, start CPR. (IT IS RECOMMENDED THAT FACULTY AND STAFF SEEK CPR CERTIFICATION.) Contact EH&S at 972-2862 to inquire about certification.
10. Remain with the individual until emergency personnel arrive.
11. Do not attempt to move the individual unless there is a possibility of additional danger.

Continued on next page...



**If individual is responsive:** (answers questions and able to make rational decisions)

1. Call 9-911
2. Identify yourself
3. Provide building name, floor number and room number
4. Provide type of emergency
5. Call the University Police Department at 972-2093
6. Let him/her decide whether or not to be transported by the ambulance.
7. Encourage the individual to seek treatment from their health care provider.

NOTE: Arkansas State University does not assume responsibility for payment of ambulance services, emergency room fees, prescriptions, or any other medical treatment.

**Always care for the one in need as you would want to be cared for.**

All accidents must be reported to the Environmental Health and Safety Department at 972-2862 and to the University Police at 972-2093. An accident report form should be completed and sent to Environmental Health and Safety.

Adopted by President's Council December 18, 1995.

Reviewed on 5/16/13.

