

Guidelines for A-State Academic Camps and Clinics

Seek approval for new and/or continuing camps from appropriate Chair or Dean. A form to assist in the process is attached.

1. BUDGET PROCESS – Unless funded 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 Academic Affairs and Research at 972-2030 to request a camp account.

2. RISK MANAGEMENT - the A-State 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 ; campus location: Admin Annex, 2009 Aggie Rd.
 - 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 this program. Participants, in consideration of being permitted to participate in the program, 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 any liability or costs relating to any such physical injury or property damage, which may include but is not limited to payment of ambulance services, emergency room fees, prescriptions, or any other medical treatment."*

- ii. 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
9-14 years	1	8	10
15-18 years	1	10	12

- iii. Accident Documentation and Reporting. In the event of an accident or incident, the attached **incident report** should be completed and returned to the A-State Office of Risk Management.
- iv. Emergency Medical Procedures. In the event of an emergency, the University's emergency medical procedures, policy number 03-01, should be followed. These procedures can be found on the University's website at <http://www.astate.edu/dotAsset/fecb9916-e2a3-43ba-abed-b78a4b9fdd91.pdf>
- v. 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. COMPLIANCE WITH THE UNIVERSITY'S CHILD MALTREATMENT REPORTING POLICY, AFFIRMATIVE ACTION POLICY, AND TITLE IX PROCEDURES

a. AS SOON AS POSSIBLE prior to the start of the camp, Camp Directors should create a list of camp staff/volunteers. The following is required of all camp staff and volunteers:

i. Title IX and Child Maltreatment: All individuals (employees, students, volunteers) working University-sponsored camps, whether on campus or off campus will need to have completed appropriate training including Title IX and Child Maltreatment prior to the camp starting.

Your staff and volunteers must watch these videos:

Title IX: <https://vimeo.com/163729041> 6:40 min.

Child Maltreatment: <https://vimeo.com/163729042> 18:49 min.

and acknowledge they understand what is required of them. The final page in this document is the acknowledgement form that each person would need to sign (printed name and signature). Once completed the signed form will be returned to the Arkansas State University Title IX Coordinator via email at the following address:

title9@astate.edu

ii. Background Checks: You must provide documentation that all camp, faculty, staff and volunteers have completed a satisfactory criminal background check through A-State. Should a camp employee or volunteer's background come back with questionable information, you will need to contact A-State Human Resources, or, where appropriate, the Title IX Coordinator prior to permitting that individual to be present on campus.

NOTE: A-State employees working the camps will not need another background screening as they have already been screened or will have been grandfathered in under our policy. Any employee that has been hired since 2009 or had a job change within one year of their original background check would have been required to complete a new background check through Human Resources already. A-State students working the camps would need to receive a background screening. Individuals not associated with the University, such as volunteers or other individuals who are going to work the camp, will be required to have a screening. All screenings should be completed and reviewed by Human Resources prior to the start of the camp. You may request a background check at the following link

<https://www.astate.edu/a/hr/managers/background-checks/>

Please see section 3 of the [ASU System Background Check Policy](#) for applicable information.

Note: All volunteers and paid employees must be 18 years of age.

- b. 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.
4. University Housing should be contacted for information about housing availability and related costs for overnight camps. The university housing event coordinator may be reached at 870-680-4073.
5. Dining Services should be contacted for information about camp meals for your camp. Dining Services can be reached by 870-972-2059. 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.
6. Parking Services should be contacted at 870-972-2945 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/>
7. 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 870-972-2093 and an 'Event Notification' form can be completed on-line at <http://www.astate.edu/police> .

FORMS AND ADDITIONAL INFORMATION

Approval Form for New Academic Camps/Clinics

Academic Camps/Clinics Guidelines Rv. 5-17-2021

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 determine 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; or bboals@astate.edu if you would like to be included in the overall marketing for the Summer Camp Academy; or call 870-932-8358 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.

RELEASE OF ALL CLAIMS FOR PERSONAL INJURY AND PROPERTY DAMAGE
(Everyone Completes)

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
(Only if medications are needed)

Camper's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian 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

(Everyone completes)

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): _____

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:

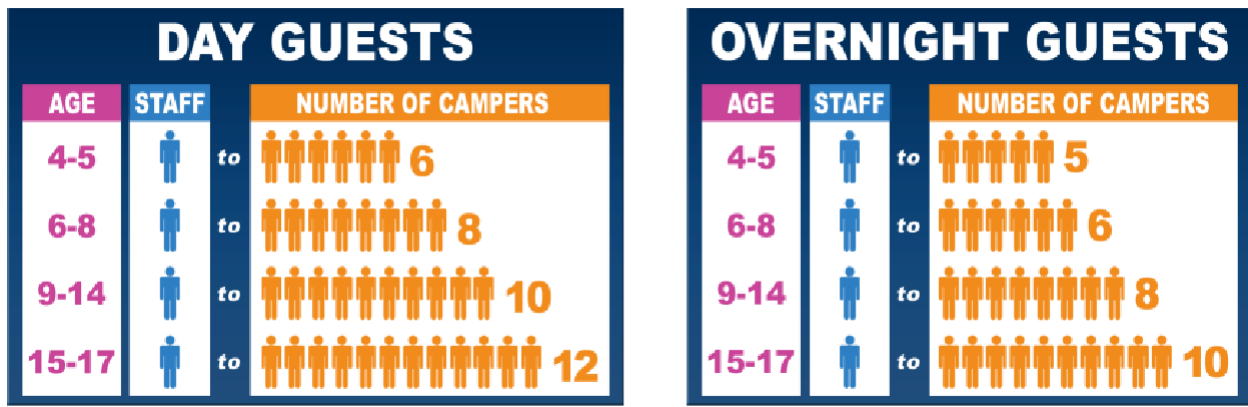
I, _____, have had full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my directions to the health care provider. I understand that, by signing this form, I am confirming my authorization that the health care provider may arrange 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: _____

RECOMMENDED STAFF/ATTENDEE RATIOS



American Camp Association

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

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

Acknowledgement: Child Maltreatment Reporting Training and Sexual Discrimination Policy

I acknowledge that I have reviewed the University’s child maltreatment reporting training and sexual discrimination policy. I agree to abide by the University’s child maltreatment and sexual discrimination policy and by the principles that were explained in this training. I understand that if I have any questions that were not addressed in the training, or if I encounter any problems, that I should contact the Arkansas State University Department of Human Resources at 870-972-3454.

NAME (Please Print)	SIGNATURE	STAFF/STUDENT ID NUMBER (If applicable)
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