GCCC Policy Add Template

Category: Student Services

Division:

Department: Click here to enter text.

Policy Title: Minors Policy

Policy Statement:

Procedures:

To provide for appropriate supervision of minors who are involved in college-sponsored programs, programs held at the college and/or programs housed in college facilities at all geographic locations.

Garden City Community College has an obligation to its students, faculty, staff, and visitors to conduct its operations and maintain its facilities in a manner consistent with its mission as a land grant institution with a tradition of services and access. Activities involving minors are integral to our mission of creating and disseminating knowledge for the betterment of society. Ensuring the safe and appropriate treatment of minors on campus is imperative.

Garden City Community College is committed to ensuring the safety and well-being of minors who are entrusted to our care or visit our campuses. The purpose of this Policy is to describe requirements placed on administrators, faculty, staff, students, volunteers and others working with minors – to ensure their protection, to fulfill our obligations and mandated by law, and to provide the best possible experience for any minor visiting our campuses or in college-related programs.

Garden City Community College hosts a wide variety of college sponsored or sanctioned activities for non-enrolled minors such as: camps; clinics; workshops; conferences; and other educational activities. The aforementioned activities are located both on-campus and off-campus under college supervision. In addition, minor children or relatives of employees not involved in college sponsored/sanctioned activities are often visitors in the workplace. It is imperative that non-enrolled minors on campus be overseen in a fashion that is appropriate and intended to keep them healthy and safe while visiting the college. This policy statement provides guidance related to the risk and safety of the non-enrolled minors mentioned previously. It is intended for college personnel/departments involved in college sponsored/sanctioned activities involving minors and the college employees who are parents or guardians of minor children visiting the Garden City Community College campus.

All programs and activities that involve minors in their activities will fall within the scope of this Policy including: programs operated by the college or 3rd party entities, programs taking place on campus and programs under the direction and authority of the college at locations off campus.
This Policy applies to such programs and activities whether they are limited to daily activities or involve the housing of minors in residence halls. Exceptions to this policy include: (1) undergraduate and graduate academic programs in which minors are enrolled for academic credit; (2) events on campus which are open to the general public and which minors attend at the sole discretion of their parents or guardians; and, (3) campus tours or visits by minors considered to be prospective students; and (4) other programs as may be designated from time to time by the appropriate college official in advance and in writing as exempted from this policy.

The leadership of the college is responsible for this policy with departmental leadership responsible for ensuring their programs and activities involving minors are compliant with the policy. Any questions regarding clarification of this policy should be directed to the Vice President for Student Services office.

Definitions

Adult
Any person 19 years of age or older

Authorized Adult and/or Program Staff
Individuals, paid or unpaid who interact with, supervise, chaperone, or otherwise oversee minors in program activities, or recreational, and/or residential facilities. This includes but is not limited to faculty, staff, volunteers, graduate and undergraduate students, interns, employees of temporary employment agencies, and independent contractors/consultants. The Authorized Adults’ roles may include positions as counselors, chaperones, coaches, instructors, etc. For the purposes of this policy the term “Program Staff” is also assigned these definitions. This definition does not include temporary guest speakers, presenters and other individuals who have no direct contact with program participants other than short term activities supervised by program staff.

Direct Contact
Providing care, supervision, guidance or control of minors and/or having routine interaction with minors.

Minor
A person under the age of nineteen (19) who is not enrolled at the college, or who is considered to be “dually enrolled” in college programs while also enrolled in high school; is also referred to as a “participant” in this policy.

One-On-One Contact
Personal, unsupervised interaction between any authorized adult and a participant without at least one other authorized adult, parent or legal guardian being present.

Program
Programs and/or activities offered by various academic or administrative units of the college, or by non-college groups using college facilities. This includes but is not limited to workshops, sport camps, academic camps, conferences, pre-enrollment visits, 4-H or Cooperative Extension programs and similar activities.
Sponsoring Unit
The academic or administrative unit of the college which offers a program or gives approval for housing or use of facilities.

College Housing
Facilities owned by, or under the control of, the college intended for use of housing.

Policy Procedures
The following policy provisions apply to the sponsoring unit offering or approving a program which involves minors or provides college housing for minors participating in a program, or a non-college group being sponsored for a program, whether utilizing college housing or not:

A. Communication and Notification

1. The sponsoring unit shall establish an appropriate procedure for the notification of the minor’s parent/legal guardian in case of an emergency, including medical or behavioral problem, natural disasters, or other significant program disruptions. Authorized adults with the program, as well as participants and their parents/legal guardians, must be advised of this procedure in writing prior to the participation of the minors in the program.

2. The sponsoring unit shall maintain a list of all program participants and a directory of program staff. This list shall include participant’s name; local room assignment (if applicable); gender, age, address, and phone number(s) of parent or legal guardian, as well as emergency contact information.

3. The sponsoring unit shall provide information to the parent(s) or legal guardian(s) detailing the manner in which the participant can be contacted during the program.

B. Medical Treatment, Administration of Emergency Services

1. The Sponsoring unit shall obtain a Medical Information and Release Form (example can be found in Appendix A) for each program participant and program staff member. All forms must include the following:

   a. A statement informing the parent/legal guardian that the college does (or does not, as applicable) provide medical insurance to cover medical care for the minor.

   b. A statement authorizing the release of medical information and emergency treatment in the case the parent/legal guardian/emergency contact cannot be reached for permission.

   c. A list of any physical, mental or medical conditions the minor may have, including any allergies that could impact his/her participation in the program.
d. All emergency contact information including name, address and phone number of the emergency contact.

2. The sponsoring unit shall obtain a **Self-Administration of Medication Form** and a **Consent for Over-the-Counter Medication Form** (examples can be found in Appendix A) for each program participant. Forms should also be obtained for program staff members that are minors. Distribution of participants’ medicines by program staff should be handled under the following conditions:

   a. Program staff shall be responsible for reviewing all forms and assessing needs of each program participant.

   b. The participant’s family provides the medicine in its original pharmacy container labeled with the participant’s name, medicine name, dosage and timing of consumption. Over-the-counter medications must be provided in their manufacturers’ container.

   c. Program staff shall keep the medicine in a secure location, and at the appropriate time for distribution shall meet with the participant.

   d. The program staff member shall allow the participant to self-administer the appropriate dose as shown on the container.

   e. Parent(s) and/or guardian(s) are expected to make arrangements for the administration of any medicine that the participant cannot self-administer.

   f. Devices for the self-administration of medications which are prescribed by a physician may be carried by the participant during program activities (Examples include personal “epi” pens and asthma inhalers.)

   g. Over-the-counter medications can only be administered with prior approval. Program staff should make reasonable efforts to have basic first-aid kits available if needed. Participants can self-administer over-the-counter medication that they bring themselves.

3. The sponsoring unit shall arrange for medical care appropriate for the nature of program activities including on-side emergency medical service coverage if needed.

C. Supervision of Minors and Access to College Facilities

1. Other than in cases outlined as follows, program staff should make every effort to ensure all activities involving minors are supervised by at least two authorized adults or by parent(s) or legal guardian(s) of the participants. Some of the factors to be
considered in determining requirements for supervision are the number and age of participants, the activity(ies) involved, type of housing if applicable, and age and experience of the staff members. It is acceptable for an individual program staff member to provide program services to the group of participants (e.g., classroom instruction or outdoor activities) if the activity is conducted in an open or public area where the group is visible to others outside group at all times. This includes classroom or meeting activities where open doors or windows allow for a clear line of sight.

a. In accordance with the American Camp Association, the ratio of program staff to program participants must reflect the gender distribution of the participants, and should, at a minimum, meet the following:

Standards for resident camps are:
- One staff member for every five campers ages 4 and 5
- One staff member for every six campers ages 6 to 8
- One staff member for every eight campers ages 9 to 14
- One staff member for every 10 campers ages 15 to 17

Standards for day camps are:
- One staff member for every six campers ages 4 and 5
- One staff member for every eight campers ages 6 to 8
- One staff member for every ten campers ages 9 to 14
- One staff member for every twelve campers ages 15 to 17

b. Program staff shall assign a staff member who is at least 21 years of age to be accessible to participants. The staff member must reside in the housing unit, if applicable. Additional authorized adults should be assigned to ensure one-on-one contact with minors does not occur and that appropriate levels of supervision are implemented.

When currently enrolled college students are hosting minor high school students participating in pre-enrollment visitation, the hosting college student(s) will not be required to be at least 21 years of age and the requirement for the authorized adults will be waived.

Guests of residents in college housing are required to follow all rules as provided under the Guide to Residential Living.

c. Training for the program staff must include, at a minimum, information about responsibilities and expectations; policies, procedures, and enforcement; appropriate crisis/emergency responses; safety and security precautions; addressing medical emergencies; confidentiality issues involving minors; and
college responsibility/liability. Program staff must know how to request local emergency services and how to report suspected child abuse in accordance with the Child Protection and Reporting Child Abuse Policy (found in Appendix D).

d. Responsibilities of program staff must include, at minimum information program participants about safety and security procedures, college rules, rules established by the program and behavioral expectations. Program staff is responsible for following and enforcing all rules and must be able to provide information included herein to program participants and be able to respond to emergency(ies)

2. In addition to the requirement that two adults to be present at all times when minors are being supervised, an additional authorized adult should be available as a “floater” to stand in if one of the two adults in the classroom or other situation must leave the area. The two authorized adults should not be family members.

3. All supervised participants in the college program or program taking place on college property are permitted in the general use facilities [e.g. athletic fields, public spaces, academic buildings] but may, as needed, be restricted from certain areas of the facilities [e.g. storage rooms, equipment rooms, athletic training rooms, staff/ faculty offices] or from utilizing certain equipment.

D. Program Rules of Conduct

1. Program staff shall develop and make available to participants the rules and disciplinary measures applicable to the program. Program participants and staff must abide by all college regulations and may be removed from the program for non-compliance with rules. Participants and parents/guardians should complete the Rules and Disciplinary Procedures Form (found in Appendix B). In addition, the following must be included in program materials and stressed during the program

   a. The possession or use of Alcohol or drugs is prohibited.

   b. Fireworks, firearms, guns, knives, archery equipment and other weapons are prohibited unless being used for an officially sanctioned and approved instructional program.

   c. The operation of motor vehicles by minors is prohibited while attending and participating in the program.

   d. The parking of staff and participant vehicles must be in accordance with college parking regulations.
e. Rules and procedures governing when and under what circumstances participants may leave college property during the program.

f. No violence including sexual abuse or harassment will be tolerated.

g. Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited.

h. No theft.

i. Use of tobacco products will not be tolerated by participants or program staff. Smoking is prohibited in all college buildings.

j. Misuse or damage of college property is prohibited. Charges will be assessed against those participants who are responsible for damage or misusing college property.

k. The inappropriate use of cell phones, cameras, imaging, and digital devices is prohibited including use of such devices in showers, restrooms, or other areas where privacy is expected by participants.

E. Liability

1. Program staff shall obtain a Media Photo & Video Release Form and Liability Release (examples can be found in Appendix A) as part of the program registration process. All data gathered shall be confidential, is subject to records retention guidelines, and shall not be disclosed, except as provided by law.

2. It is the responsibility of the person in charge of the program or activity at the college (hereafter referred to as the Key Garden City Community College Administrator, or “Administrator”) to assure that each program staff member has received clearance to participate. Human Resources will contract with a third-party consumer reporting agency (hereafter referred to as “background check company”) to conduct these searches.
   - New Hires are required to complete the college background check process at the time of, and as a condition of, hire.
   - The college may accept successful documented background clearances from governmental agencies (e.g. School districts) that have been completed within three (3) years from the start date of the activity.
   - Non-college entities providing adult supervisors for college-based programs are required to comply with these established procedures to conduct
background checks that are at least comparable to the standards indicated in this section.

F. Camps Directed by Non-College Entities

1. From time to time, non-college camps and other educational programs or activities will be hosted on the college campus. The non-college party must secure a Garden City Community College host in order to utilize campus facilities. The relationship of the non-college party and Garden City Community College host must be captured in an agreement signed by both parties.

The agreement must include the following delineated requirements from the non-college entity to ensure a quality program experience for the participants:

a. Conduct early registration, fee collection and on-site registration to include the collection of fees, the collection of medical release forms, the distribution of appropriate Garden City Community College related materials, and the assignment of appropriate housing;

b. Provide at least one administrative Program Director with responsibility for satisfactory operation of the camp, including:

   • Maintaining discipline among the participants and compliance with college rules, including overseeing the care of dormitory property and observance of curfews;

   • Arranging for medical treatment in all cases of illness and injury occurring during the camp, including transportation to and from the medical facility and seeing the appropriate insurance forms and information are provided;

   • Maintaining regular and open communication with host office at the college, sponsors, dormitory residents, and dormitory personnel in order to avoid problems;

   • Maintaining daily contact with the host office liaison to ensure that dining hall and program schedules are coordinated and observed;

   • Maintaining regular daily liaison with the college host office to keep that office informed of the progress of the program and to receive messages and mail;

   • Being on call 24 hours a day while the program is in session.

c. Provide a list of all program staff and participants to the Garden City Community College Campus Police prior to the start of the program activities. The list should
include all names, addresses, phone numbers and emergency contact information for staff and participants.

d. Provide a competent staff compliant with Section I below to supply adequate instruction and leadership during activities;

e. Complete background checks in accordance with Section F above or conduct appropriate background checks on program staff and director that meet or exceed the standards established above and provide copies to the college host entity. All contracts with third party entities should have language regarding background checks as follows:

- As a condition of this contract, Vendor agrees to certify that any of its employees, independent contractors or agents who will be performing services on behalf of the Vendor and for the benefit of Garden City Community College Policy on Minors. This includes the completion of background checks that meet or exceed the standards set forth in the Garden City Community College Policy on Minors.

f. Conduct appropriate training consistent with Section I below on protecting participants from abusive emotional and physical treatment, and on appropriate or required reporting of incidents of improper conduct to the proper authorities including, but not limited to, appropriate law enforcement authorities. Additionally, ensure staff are familiar with their responsibility to assist participants during weather and other emergencies which may occur on campus.

g. For each participant in attendance: ensure the camper is accompanied by a coach or sponsor who will be responsible for the conduct and safety of the child while in attendance OR assign a staff person who will assume that responsibility for each unaccompanied camper (ratio of counselors to campers should meet or exceed standards set in Section C above);

h. Submit to the college host entity all printed materials used in advertising camps held at the college;

i. Provide the college host entity with regular updates of anticipated space requirements and, at a minimum, provide: (a) a best estimate of attendance sixty days prior to camp; (b) an update every week for the four weeks leading up to camp; and (c) a written reservation guarantee five working days prior to the camp;

j. Assume financial responsibilities of key and lock replacement for keys that are issued for the program and not returned to College Housing;
k. Assume financial responsibility for any special services or requests which Camp Director(s) may deem necessary to enhance the camp;

l. Assume financial responsibility for any and all losses or damages to practice facilities, equipment, residence halls, or other college property resulting from any act or failure to act on the part of participants or client staff;

m. Agree to operate in accordance with Federal Affirmative Action/Equal Opportunity requirements;

n. To the fullest extent permitted by law, defend, indemnify and hold harmless Garden City Community College, its Board of Trustees, faculty, staff and agents from and against any and all claims, damages, losses and expenses, including but not limited to attorneys’ fees, arising out of, related to, or resulting from performance of services under the contract regardless of whether such claim, damage, loss or expense is caused in part, or is alleged but not legally established to have been caused in whole or in part by negligence or other fault of the college.

o. Submit to the college host entity, at least one month prior to the start of the program an additional insured endorsement and certificate of insurance written on an occurrence form issued by a carrier with an A.M. Best rating of A or higher which identifies Garden City Community College, its Board of Trustees, faculty, staff and agents as an “Additional Insured” and provides a minimum of one million dollars in liability coverage; due to the nature of some events, Garden City Community College reserves the right to require additional limits of liability coverage. A complete list of insurance requirement can be found in Appendix C – Independent Contractor Insurance Requirements;

2. The parties must contractually agree that the third party is an independent contractor using the facilities of Garden City Community College to conduct the program. Nothing contained in the agreement or in the activities conducted shall constitute either party to be the agent, servant, or employee of the other party, nor create a partnership or joint venture relationship between the parties, and each party shall be fully and solely responsible for its own activities and obligations.

3. Authorized personnel/signatories for non-college groups using college facilities must provide to the sponsoring unit satisfactory evidence of compliance with all the requirements of this Policy at least thirty (30) days prior to the scheduled use of college facilities, as well as sign an approved agreement for use of college facilities, if applicable.

G. College Housing
1. If applicable, require the program to adopt and implement rules and regulations for proper supervision of minors in college housing. The following must be included:

   a. Written permission signed by the parent/guardian for the minor to reside in college housing.

   b. A curfew time which is age-appropriate for the participants, which in no case shall be later than midnight.

   c. In-room visitation to be restricted to participants of the same gender.

   d. Guests of participants (other than a parent/legal guardian and other program participants) are restricted to visitation in the building lobby and/or floor lounges, and only during approved hours specified by the program.

   e. The program must comply with all security measures and procedures specified by College Housing and Public Safety & Security.

H. Notification of Abuse and Code of Conduct for Authorized Adults

1. If a program participant discloses any type of assault or abuse (at any time previous to, during or after they program), or an Authorized Adult has reason to believe that the participant has been subject to such assault or abuse, the Authorized Adult, as a mandatory reporter, must immediately call 911 or the local law enforcement agency. For instances of child sexual assault or abuse the authorized adult must also immediately call 911. Further instructions for addressing child sexual abuse or assault can be found in the Child Protection and Reporting of child Abuse Policy (found in Appendix D).

   Authorized adults must make all reasonable efforts to ensure the safety of minors participating in programs and activities covered by this policy, including removal of minors from dangerous or potentially dangerous situations, irrespective of any other limitation or requirement.

   If an allegation of inappropriate conduct has been made against an authorized adult participating in a program, s/he shall discontinue any further participation in programs and activities covered by this policy until such allegation has been satisfactorily resolved.

2. Authorized Adults should behave professionally and maintain the highest standards of personal behavior at all times. Authorized adults participating in programs and activities covered by this Policy shall NOT:

   a. Have one-on-one contact with minors: there must be two or more authorized adults present during activities where minors are present. Authorized adults shall
not have any direct electronic contact, including social media, with minors without another authorized adult being included in the communication. Authorized adults should be aware of situations in which actions can be misconstrued or manipulated by others (for example, being alone with the last child to leave a class); conduct all dealings with children in a public environment as much as possible, in order that all behavior can be readily observed.

b. Enter a minor’s room, bathroom facility, changing area, shower area or similar area without another authorized adult in attendance, consistent with the policy of not having one-on-one contact with minors. Never spend time alone with a child away from others. Minors should use a “buddy system” or otherwise be encouraged to stay together when going to the bathroom, on field trips, or when leaving the classroom area.

c. Share sleeping quarters with minors. Separate accommodations for adults and minors are required other than minors’ parents or guardians. Minors should be placed in accommodations that allow for a locked door between themselves and program staff. Program staff should not enter the sleeping quarters of a minor without another authorized adult present.

d. Engage in abusive conduct of any kind toward, or in the presence of, a minor.

e. Strike, hit, administer corporal punishment to, or touch in an inappropriate or illegal manner any minor.

f. Engage in rough or sexually provocative games, including horseplay.

g. Allow any inappropriate touching, including between children.

h. Swear, use or respond to sexual innuendo or make sexually suggestive comments.

i. Pick up minors from or drop off minors at their homes, other than the driver’s child(ren), except as specially authorized in writing by the minor’s parent or legal guardian. Two authorized adults should be in a vehicle with a minor if transportation is needed.

j. Use nor provide alcohol or drugs to any minor. Authorized Adults shall not use nor provide prescription drugs or any medication to any minor unless specifically authorized in writing by the parent or legal guardian as being required for the minor’s care or the minor’s emergency treatment. Participants’ medicines may be distributed by program staff, following the conditions outlined in this document.
k. Make sexual material in any form, including printed and electronic, available to minors participating in programs or activities covered by this Policy or assist them in any way in gaining access to such materials.

l. Share a bed or sleeping back with a minor.

m. Shower, bath, or undress with or in the presence of minors

n. Favor one child more than another; do not give gifts to any one child in a program; do not accept expensive gifts from any child in the program

o. Tell children “this is just between the two of us” or use similar language that encourages children to keep secrets from their parent/guardians.
Appendix A
Garden City Community College
Youth Program & Camp Releases and Required Forms
Garden City Community College  
Youth Program/Camp General Information Form

**GENERAL INFORMATION**

Camp Name / Location / Dates ____________________________________________________________

Name of Student ________________________________________________________________

Date of Birth _______________________ Grade in Fall 2016 __________ T-Shirt Size __________ Gender: M   F

Parent/Legal Guardian Name _______________________________________________________

Street Address _______________________________________________________________________

City _________________________________________ State _______________________ Zip ___________________________

Home Phone ________________________________________ Work Phone _______________________________________

Cell Phone _________________________________________ Email _________________________________________

Emergency Contact #1 Name ___________________________ Home Phone # __________ Work Phone # __________ Cell Phone # __________ Relation __________

Emergency Contact #2 Name ___________________________ Home Phone # __________ Work Phone # __________ Cell Phone # __________ Relation __________

**TRANSPORTATION**

I will arrive at Garden City (date/time) ______________________________ Method of Transportation __________________________________________________

I will be traveling from (city) ________________________________________________ Accompanied by ___________________________ Relation __________

I will depart Garden City on (date/time) ______________________________ Method of Transportation __________________________________________________

I will be traveling to (city) ________________________________________________ Accompanied by ___________________________ Relation __________

Please indicate whether you plan to keep a vehicle on campus (circle one): YES NO

If yes, please report the vehicle type and license number to Residential Life if staying on campus.

Participant Name __________________________________ Parent/Guardian Name __________________________

Participant Signature ___________________________ Parent/Guardian Signature ____________________________

Date ___________________________ Date ___________________________

*A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19*
Garden City Community College

Youth Program/Camp Informed consent, voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION
Program/Camp Name: _____________________________________________________________________________________
Date(s): ________________________________________ Time(s): ______________________________________
Location: ____________________________________________________________________________________________

PARTICIPANT INFORMATION
Name of Participant: ______________________________________________________________________________________
Address: _______________________ City: ________________________ State: __________ Zip: ____________
Phone Number: ________________________________ Date of Birth: _______________________ Gender: M____ F __________

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter “Child”) to participate in the above referenced youth program (hereafter “Program”) on the date(s) and location(s) indicated above and, in consideration for my child’s participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child’s participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my child, hereby release Garden City Community College, its board of Trustees, Administration, Faculty, Staff, student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter “GCC”) from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless GCCC from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but no limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child’s participation in the Program. I understand that GCCC accepts no responsibility for my Child’s personal property.

In the event of an accident or serious illness, I hereby authorize representatives of GCCC to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify GCCC from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Kansas. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child’s participation in any part of the Program, shall be brought only in Finney County, Kansas.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name ________________________ Parent/Guardian Name ________________________
Participant Signature _____________________ Parent/Guardian Signature ______________________
Date ____________________ Date ________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19
Garden City Community College

Youth Program/Camp Media, Photo & Video Release Form

PROGRAM INFORMATION

Program/Camp Name: ______________________________________________________________________________________________

Date(s): ______________________________________________ Time(s): _____________________________________________________

Location:____________________________________________________________________________________________________________

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my child’s participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to GCCC, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents (“College”) the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child (“Materials”) by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, video, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto (“Works”). It is agreed that the Works will be used in connection with College Business, the activities of the College, or for promoting, publicizing or explaining College activities or events.

Materials may appear in any of the wide variety of formats and media now available to the College and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the College using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the College is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Meaterals. All electronic or non-electronic negatives, positives, and prints are owned by the College. I also understand that neither I nor my child will receive compensation in connection with the use of my child’s image.

I, on behalf of my child, furthermore release, indemnify and hold harmless College from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also successors, heirs, representatives, administrators, and assigns.

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent/Guardian Name: __________________________________________________________________________________________

Minor Child’s Name: ______________________________________________________________________________________________

Parent/Guardian Signature: __________________________________________________________________________________________

Address: __________________________________________________________________________ City: __________ State: __________ Zip: ______________________

Phone Number: _______________________________ _______
Garden City Community College

Youth Program/Camp Medical Information and Release Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: ____________________________________________________________ (hereafter “Program”)

Date(s): ______________________________________________________________________

Time(s): _____________________________________________________________________

Location: _____________________________________________________________________

As a student, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Garden City Community College requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Garden City Community College does not offer any form of insurance for participant while participating in Program.

PART 1. GENERAL INFORMATION

Participant Name (Hereafter “Participant”)

Parent/Legal Guardian Name (if applicable) _________________________________________________________________________________

Street Address _____________________________________ City ___________________________ State ___________ Zip ________________

Home Phone _________________________________________________ Work Phone _____________________________________________________________

Date of Birth _____________/_______________/__________________ Gender M___ F___

Please list two emergency contacts:

_________________________ __________________  __________________  ____________ _____________

Emergency Contact #1 Name Home Phone #  Work Phone #  Cell Phone #  Relation

_________________________ __________________  __________________  _____________ ______________

Emergency Contact #2 Name Home Phone #  Work Phone #  Cell Phone #  Relation

Part 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician’s Name __________________________________________ Phone Number ___________________________________________

Date of most recent tetanus toxoid immunization __________________________________________________________________________

Do you have health accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address __________________________________________ Policy # ________________________________________________

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO
If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program?  
If yes, please indicate the medication and condition being treated:

YES  NO

Does participant have a history of allergies or reactions to medication, insect stings, or plants?  
If yes, please explain:

YES  NO

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware?  
If yes, please explain:

YES  NO

PART 3: AUTHORIZATION FOR MEDICAL CARE

In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Garden City Community College pertaining to my Participant’s medical, mental and physical condition and that it is accurate and complete. I agree to notify Garden City Community College of any changes in my mental, physical or medical condition prior Participant’s scheduled Program.

By revealing or disclosing the above medical information it will not be used by Garden City Community College personnel or employees to determine Participant’s ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant Name ________________________________________  Parent/Guardian Name _______________________________
Participant Signature _____________________________________  Parent/Guardian Signature ______________________________
Date __________________________________________________  Date _________________________________________________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19
Garden City Community College Youth Program/Camp Parent/Guardian Authorization, Waiver and Consent for Self-Administration of Prescription Medication Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: ____________________________ (hereafter “Program”)

Date(s): ________________________________

Time(s): ________________________________

Location: ____________________________

PARTICIPANT INFORMATION

Participant Name: ____________________________ (hereafter “Participant”)

Parent/Legal Guardian Name (if applicable): ____________________________________________________________

This form must be completed fully in order for participants to self-administer required medication. A new medication administration form must be completed for each Program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, and parent signature.

________ No, my child does not need to take any prescription medication while at the Program.

________ Yes, my child will need to take prescription medication while at the Program

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: ____________________________ Dose: ____________________________

Condition for which medication is being administered: ______________________________________________________

Specific Directions (e.g., on empty stomach/with water, etc.): __________________________________________________

Time/frequency of administration: ______________________________________________________________________

If PRN, frequency: ____________________________________________________________________________________

If PRN, for what symptoms: ____________________________________________________________________________

Relevant side effects: __________________________________________________________________________________

Medication shall be administered from (date) ________________________________ to ________________________________

Special Storage Requirements: __________________________________________________________________________

Is the participant capable of self-managed care? YES NO

Prescriber’s Name/Title: __________________________________________ Prescriber’s Place of Employment: ____________________________

Telephone: ____________________________ Fax: ____________________________

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber’s Signature: ____________________________ Date: ____________________________

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Garden City Community College, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child’s self-administration of prescribed medication(s). I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.

Parent/Guardian Name ____________________________

Parent/Guardian Signature ____________________________ Date ____________________________
Garden City Community College Youth Program/Camp Parent/ Guardian Authorization, Waiver and Consent for Over-the-Counter Medication Form

PROGRAM/CAMP INFORMATION
Program/Camp Name: ____________________________ (hereafter “Program”)
Date(s): ____________________________ Time(s): ____________________________ Location: ____________________________

PARTICIPANT INFORMATION
Participant Name: ____________________________ (hereafter “Participant”)
Parent/Legal Guardian Name (if applicable): ____________________________________________________________

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to Participant if the need arises. You may dispense only those checked.

____ Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
____ Tylenol/Acetaminophen as directed.
____ Ibuprofen as directed.
____ Throat lozenges and or spray as directed for sore throat.
____ Micatin or anti-fungus treatment as directed for athlete’s foot.
____ Kapectate or Imodium for diarrhea as directed.
____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
____ Rolaid or Tums for acid reflux, heartburn or indigestion as directed.
____ Benadryl for swelling, hives, allergic reaction, as directed.
____ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
____ Visine or other eye drops for minor eye irritation
____ Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
____ Swimmer’s ear drops as directed
____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
____ Medicated powder for skin irritation as directed.
____ Robitussin or other cough syrup as directed.
____ Calamine lotion for bite and poison ivy.
____ Sunscreen
____ Bug repellent
____ Other (list any other approved over-the-counter drugs) ____________________________________________________________

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student’s parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff, Garden City Community College, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications. I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced program.

Parent/Guardian Name ____________________________

Parent/Guardian Signature ____________________________

Date ________________
Appendix C

Garden City Community College

Youth Program & Camp Independent Contractor Insurance Requirements
CONTRACTOR INSURANCE

The contractor shall, as its own expense, procure and maintain, without interruption during the entire term of this contract, insurance of the kinds and limits listed hereunder. Insurance Services Office, Inc. (ISO) or industry equivalent, Certificates of Insurance and Additional Insured Endorsements issued by the contractor’s Insurance carrier shall be furnished to Garden City Community College before beginning work and shall name Garden City Community College, its Board of Trustees, Employees, and Agents as Additional Insureds on the General Liability, Automobile Liability and Umbrella Liability policies. The insurance coverages required under this contract are minimum insurance limits required and are not intended to limit the responsibility or liability of the contractor. If any subcontractor is used to fulfill this contract, they or the Contractor on their behalf, shall carry the same coverages and limits of insurance outlined herein. It shall be the Contractor’s responsibility to ensure compliance of this requirement.

Workers’ Compensation and Employers’ Liability Insurance

a) Workers’ Compensation insurance shall be written in accordance with statutory coverage required by the State of Kansas. A self-insurer must provide a certificate issued by the Kansas Department of Industrial Relations stating the contractor is qualified to pay is qualified to pay its worker’s compensation claims.

b) Employer’s Liability Insurance shall be written with minimum limits of:

1. Bodily Injury by Accident - $1,000,000
2. Bodily Injury by Disease - $1,000,000

Commercial General Liability Insurance

Commercial General Liability Insurance shall be written on an occurrence form and shall provide at minimum the following limits:

<table>
<thead>
<tr>
<th>Each Occurrence</th>
<th>$1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Aggregate (Per Project)</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Products-Completed Operations Aggregate</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Contractual Liability</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Personal &amp; Advertising Injury</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Damage to Rented Premises</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

In Addition the:
- The policy must provide coverage for Sexual Misconduct/Abuse/Molestation
- Policy shall be endorsed to be Primary and Non-Contributory to any insurance held by Garden City Community College.

Commercial Automobile Liability Insurance

Commercial Automobile Liability Insurance shall be written to include coverage for bodily injury and property damage arising from ownership, maintenance or use of any and all owned, non-owned, leased, and hired automobiles.

Minimum limit $1,000,000 Combined Single Limit

Commercial Umbrella/Excess Liability Insurance

The Commercial General Liability and Commercial Automobile Liability limits specified above may be satisfied through a combination of primary and umbrella/excess liability policies written on a follow form.

POLICY PROVIDERS

All insurance coverage shall be issued by an insurer licensed as an admitted insurer authorized by the Kansas Commissioner of Insurance as a surplus lines insurer. The insurance company must have a minimum current A.M. Best’s rating of A-, Class V.

NOTIFICATION ENDORSEMENT

Each policy shall be endorsed to provide that the insurance company agrees that the policy shall not be canceled, materially changed, allowed to lapse, or allowed to expire until Garden City Community College has received thirty (30) days of written notice. Renewal certificates shall be sent to Garden City Community College within five (5) days following the renewal or any expiration date of coverage.
DEDUCTIBLES
A contractor may elect to secure an insurance program with a deductible of self-insured retention (SIR) of up to $25,000 without prior approval from the College. An deductible or SIR larger than $25,000 must be approved by the College. Contractor may be required to furnish audited financial statements to determine the contractor’s financial ability to absorb the obligation of a deductible or SIR without material impact on the solvency of the contractor.

IMPAIRMENT OF LIABILITY
In the event the insurance program required by Garden City Community College were to have any pending claim(s), which may limit or exhaust any aggregate limits by more than 20%, Garden City Community College shall be notified within thirty (30) days. Garden City Community College may require additional insurance or reinstatement of the limits of liability as necessary to protect the financial interest of the College.

DUTY TO PROVIDE COPIES OF INSURANCE POLICIES
GCCC shall be entitled, upon request and witout expense, to receive copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification or particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties or to underwriting on such policies.

NOTICE OF INCIDENT
Contractor shall inform Garden City Community College Campus Police of all incidents and/or accidents that occur on GCCC premises or that might otherwise give rise to a claim against GCCC and shall be responsible for providing appropriate written notification. Such notification shall be provided as soon as reasonably possible but will not exceed twenty-four (24) hours after contractor is aware of the incident/accident.

INDEMNITY PROVISIONS
To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold harmless Garden City Community College, its Board of Trustees, Faculty, Staff, and Agents from and against any and all claims, damages, losses and expenses, including but not limited to attorney’s fees, arising out of, related to, or resulting from performance of services under this contract, regardless of what such claim damage, loss or expense is caused in part, or is alleged but not legally established to have been caused in whole or in part by the negligence or other fault of a party indemnified hereunder.
Appendix D

Garden City Community College

Child Protection and Reporting of Child Abuse Policy
Policy Statement

Garden City Community College is committed to maintaining a supportive and safe educational environment, one which seeks to enhance the well-being of all members of its community. This commitment reflects the college’s adherence to its mission, to its various policies supporting its mission, and to relevant state and federal laws. Within that commitment, the college places importance on creating a secure environment for children. To that end, the college has adopted the following Child Protection and Reporting of Child Abuse Policy and procedures on mandated reporting requirements, per the college and Kansas law.

In order to ensure the safety and well-being of children, individuals, including college faculty, staff, students, volunteers, and representatives as well as third-party vendors and their employees, representatives, or volunteers that contract for use of college facilities, with responsibilities that involve interaction with children (collectively “college personnel”), must carefully review and abide by the following policy regarding child protection and reporting of child abuse.

Authority

Kansas Law provides the authority for this policy.

Definitions

Child abuse
Harm or threatened harm to a child’s health or welfare. Harm or threatened harm to a child’s health or welfare can occur through non accidental physical or mental injury, sexual abuse or attempted sexual abuse, or sexual exploitation or attempted sexual exploitation. “Sexual abuse” includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person or engage in, any sexually explicit conduct or any simulation of the conduct for the purpose of producing any visual depiction of the conduct; or the rape, molestation prostitution, or other form of sexual exploitation of children, or incest with children as those acts are defined by Kansas law. “Sexual exploitation” includes allowing, permitting, or encouraging a child to engage in prostitution and allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes

Neglect
Negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, supervision, clothing, or shelter.

Child
A person under the age of 18 years.

Duly Constituted Authority

The chief of police of a municipality or municipality and county; or the sheriff, if the observation of child abuse or neglect is made in an unincorporated territory; or the Department of Human Resources; or any person, organization, corporation, group, or agency authorized and designated by the Department of Human Resources to receive reports of child abuse and neglect; provided, that a "duly constituted authority" shall not include an agency involved in the acts or omissions of the reported child abuse or neglect

Policy Principles

Kansas law requires certain individuals to report child abuse, whenever they have reasonable suspicion. However, ANY person may report child abuse if they have reasonable suspicion that a child has been abused.

With very limited exception, Kansas law (Some Kansas Law) makes the reporting of known or suspected child abuse or neglect mandatory for hospitals, clinics, medical professionals, teachers, school officials, law enforcement officials, social workers, daycare workers, mental health professionals, members of the clergy, and any other person called upon to render aid or medical assistance to a child.

It is the college’s position that, in addition to the mandated statutory reporting requirements for certain individuals and entities, all college personnel and volunteers who have a reasonable cause to suspect that a child is being abused or neglected must immediately make a report. Neither Kansas law nor any college policy allows you to delegate the duty to report child abuse or neglect.

Policy Procedures

Reporting child Abuse or Suspected Child Abuse
If you know or suspect that a child is a victim of child abuse or neglect, you must act. In deciding whether or not to report an incident or situation of suspected child abuse or neglect, it is not required that the college personnel have proof that abuse has occurred. Any uncertainty in deciding to report suspected abuse must be resolved in favor of making a report.

In making a report, your actions should be as follows:

First, immediately report the information to local law enforcement authorities. If a child is in imminent danger, the employee must contact police at 911 to obtain immediate protection for the child.

The non-emergency number for the Garden City Police Department is 620-276-1300.

When contacting local law enforcement you should include all available information regarding the known or suspected abuse or neglect, including, but not limited to, the name of the child, his whereabouts, the names and addresses of the parents, guardian, or caretaker and the character and extent of the injuries. The report should also contain, if known, any evidence of previous injuries to said child and any other pertinent information that might establish the cause of such injury or injuries, and the identity of the person or persons responsible for the same.

Do not delay making a report in order to gather evidence; the law enforcement agency to whom you make the report will determine whether such an investigation is warranted. It is acceptable to quickly collect additional information that is readily available (such as talking to coworkers who also interact with that child) or to verify that the information learned meets criteria for reporting, but this must be done very promptly. It is better to report without all relevant information than to delay a report to collect information.

Second, do not directly question or solicit information from the child or from the person suspected of improper behavior. That is not your role; the role of investigation lies with city, county, and state officials.

Third, in addition to making a report with local law enforcement, within 24 hours after making the foregoing report, an employee shall report the information to his/her immediate supervisor and to the Garden City Community College Campus Police Chief. It shall be the responsibility of the Police Chief to notify college officials of the suspected child abuse and to coordinate the investigation with local law enforcement. College officials include, at a minimum, the President, Executive Vice President and Vice President for Instruction and Student Services. It shall be the responsibility of the college President to notify the Board of Trustees of the incident.

Further, it shall be the responsibility of the Director of Public Safety & Security to either report the incident to the State of Kansas Department of Human Resources or to ensure the local law enforcement agency has made the report. The Director of Public Safety & Security shall advise the reporter that such report has been made. Finally, the Director of Public Safety & Security shall be responsible for maintaining all records and reports related to the incident and to brief college officials as needed.

Liability

As per Kansas law, any person or institution participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions (Kansas Law)

As per Kansas law, any person who knowingly fails to make the report shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months’ imprisonment or a fine of not more than $500.00 (Kansas Law)

Any college personnel who makes a good faith report of child abuse may not be subjected to retaliation in employment with the college.

Compliance

Any college personnel who willfully fails to report a case of suspected child abuse is subject to disciplinary action, up to and including, dismissal.
Appendix E

Policy on Minors Program/Activity Departmental Approval Form
Policy on Minors Program/Activity Departmental Approval Form

Please be advised that the program/activity and all program staff must be in compliance with the Garden City Community College “Policy on Minors Involved in College-Sponsored Programs or Programs Held at the College and/or Housed in College Facilities.”

Garden City Community College departmental sponsoring units shall, at least sixty days prior to the first scheduled date of participation by minors, inform the department head of the unit sponsoring the program of the details of the program or activity in which minors are expected to participate. This form must be scanned and uploaded to the Office of Instruction and Student Services or Athletic Department. Failure to submit this form with registration will result in denial of your event. Your event may be tentatively accepted pending completion of full online registration.

Name of Program/Activity: _____________________________________________________________________________________________

Sponsoring GCCC Unit: ________________________________________________________________________________________________

Director of Program/Activity: __________________________________________________________________________________________
GCCC Department: ____________________________________________________________________________________________________
Address: _________________________________________________________________________ Phone: ______________________________
Email: _______________________________________________________________________________________________________________

___ This is an ongoing program with 25 or fewer participants of 8 hours or less duration with at least 2 authorized adults supervising all activities.

Vice President/Director/Department Head Name: ____________________________________________________________________________
GCCC Department: ____________________________________________________________________________________________________
Address: _________________________________________________________________________ Phone: _____________________________
Email: ______________________________________________________________________________________________________________

Description and nature of the program/activity involving minors:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Dates of activity/program: _______________________________________________________________________________________________

How will the minors participate in the program/activity?:
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

Does the program/activity involve overnight stay in college Housing?: YES NO (Circle One)
Have all program staff been background checked?: YES NO (Circle One)
Have all program staff completed training with HR on minors?: YES NO (Circle One)

Signature of program/activity director: ________________________________
Date: __________________________

Signature of sponsoring unit department head or Vice President: ________________________________
Date: ________________________________
Appendix F

Policy on Minors Program/Activity Departmental Request for Exemption Form
Policy on Minors Program/Activity Departmental Request for Exemption Form

Please be advised that the program/activity and all program staff must be in compliance with the Garden City Community College “Policy on Minors Involved in College-Sponsored Programs or Programs Held at the college and/or Housed in College Facilities.” This form must be reviewed and signed by the Vice President for Instruction and Student Services.

Name of Program/Activity: ____________________________________________________________

Sponsoring GCCC Unit: ________________________________________________________________

Director of Program/Activity: __________________________________________________________

GCCC Department: _________________________________________________________________

Address: ________________________________________________ Phone: ___________________

Email: ______________________________________________________

☐ This is an ongoing program with 25 or fewer participants of 8 hours or less duration with at least 2 authorized adults supervising all activities.

Vice President/Director/Department Head Name: _______________________________________

GCCC Department: _________________________________________________________________

Address: ________________________________________________ Phone: ___________________

Email: ______________________________________________________

Description and nature of the program/activity involving minors:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Dates of activity/program: _____________________________________________________________

How will the minors participate in the program/activity?:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Does the program/activity involve overnight stay in college Housing?: YES NO (Circle One)

Have all program staff been background checked?: YES NO (Circle One)

Have all program staff completed training with HR on minors?: YES NO (Circle One)

Section from the Policy on Minors from which you are requesting an exception:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please explain in detail why this program/or activity should be exempted from all or part of the Policy on Minors:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Signature of program/activity director: ______________________________

Date: __________________________

Signature of sponsoring unit department head or Vice President: _________________________

Date: __________________________
Contacts: Vice President of Student Services

Approved Date: 8/1/2016

Policy History: Click here to enter text.

Keywords: Minors, activities, camp, youth

Related Form: Click here to enter text.