

THE UNIVERSITY of TENNESSEE 
CHATTANOOGA
Program for Minors Sponsored by a University Unit
Registration Form

I. General Program Information:

A. Please describe the Covered Program¹ below (include the program title and date of program):

B. Please list the UTC employee(s) with primary responsibilities for the Covered Program.

C. Please list names of all Covered Adults participating in the Covered Program.

¹ The following terms used in this form are defined in [University of Tennessee System Safety Policy 575](#): Covered Adult; Covered Program; Minor/Child; Program Director; and University Unit.

D. Please attach copy of Driver’s License or government issued photo identification for each Covered Adult.

II. Communication Plan:

Please provide below a description of the Communication Plan to be followed by the Covered Program. The Communication Plan must include:

- A procedure for obtaining and maintaining contact information for participants’ parents/legal guardians, as well as emergency contacts in the event the parents/guardians are unavailable;
- A procedure for notification of all participants’ parents/legal guardians in the event of an emergency; and
- A procedure for parents and guardians to follow to contact Covered Program personnel and/or their child during Covered Program hours.
- Include Emergency Action Plan to be followed for weather related emergencies (i.e. tornadoes, lightning, extreme heat, etc.)

III. Medical Emergency Plan:

Please provide below an outline of the Medical Emergency Plan to be followed by the Covered Program. The Medical Emergency Plan shall comply with UTC’s policy implementing University of Tennessee System Safety Policy 575, and shall include:

- A procedure for obtaining and maintaining (i) authorization from all participants’ parents/legal guardians to transport a Covered Program participant to local hospitals as deemed necessary; and (ii) authorization for emergency medical treatments in the event the parents/legal guardians or their designated emergency contact are not available;
- A procedure for obtaining and maintaining disclosures of any allergies or other medical condition or physical limitation that might impact participation in the Covered Program; and
- A procedure to administer medication to Covered Program participants as necessary during Covered Program hours.
- If the Covered Program will involve strenuous physical activity, Forms B, B1, B2, and D must be used in the Covered Program.

IV. Supervision Plan:

All Covered Program activities involving minors shall be supervised by at least two or more Covered Adults. There shall be no one-on-one contact between a minor and a Covered Adult unless one-on-one contact is essential to the Covered Program and has been approved in advance by the Chief Safety and Risk Management Officer. The term “one-on-one contact” shall mean private, unsupervised, face-to-face interaction between a minor and a Covered Adult without at least another Covered Adult, parent, or legal guardian being present.

Please provide below a description of a Supervision Plan to be followed by the Covered Program. Please include in your description:

- Whether you are requesting an exception to the rule prohibiting one-on-one contact between a minor and a Covered Adult, and, if so, an explanation of why one-on-one contact is essential to the Covered Program.
- The proposed ratio of participants to Covered Adults;
- The breakdown of Covered Adults by category of employees, students and volunteers; and
- Curfew, rules pertaining to any visitors, and limitations, or use of free time in the event the Covered Program involves any overnight stays.

V. Transportation Plan:

Except in exigent circumstances, or a specifically authorized in writing by the Chief of Safety and Risk Management Officer or the minor’s parent or legal guardian, a Covered Adult shall not transport a minor who is not his/her own child without another Covered Adult being present, or transport a minor who is not his/her own child using his/her personal vehicle, during the Covered Program or to/from the Covered Program.

Please provide below a description of the Transportation Plan to be followed by the Covered Program. The Transportation Plan must include:

- A procedure for the pick-up and drop-off of participants, specifying times and locations;
- A procedure to obtain written permission from a parent or legal guardian in the event any participant is to be released to any person other than his or her parents or legal guardians; and
- A description of any transportation of participants to be provided by the Covered Program, specifying the type of vehicle, and drivers. Note: Transportation of participants by Covered Adults must, in all instances, be reviewed and approved by the Chief Safety and Risk Management Officer.

VI. Signatures:

_____ Signature of Program Director	_____ Contact Number	_____ Date
_____ Signature of Department Head, Vice Chancellor or Dean	_____ Contact Number	_____ Date

Additional Forms Required for all Covered Programs:

1. Tennessee Law on Mandatory Reporting of Child Abuse and Child Sexual Abuse Form for each Covered Adult (FORM C)
2. Government Issued Photo ID for each Covered Adult
3. Standards of Conduct for Covered Adults (FORM E)
4. Fair Credit Reporting Act Disclosure and Authorization Form for each Covered Adult (FORM H) or Request for Exception to SA 575 Requirement of Criminal Background Checks and Training for Volunteers (FORM F) or Notification of Exceptional Circumstances Requiring Exception to SA 575 (FORM G)
- 5.

For Covered Programs involving strenuous activities, the following forms must also be included:

6. Medical Information and Medical Treatment Release and Authorization Form (FORM B)
7. Authorization for Self-Administration of Prescription Medication (FORM B1)
8. Authorization for Dispensation of Over-the-Counter Medication (FORM B2)
9. Release, Hold Harmless and Indemnification Agreement (FORM D)

***** Office Use Only *****

Responsible Fund Center: _____