



### Protection of Minors Event Form

**Instructions:**

1. At least **thirty (30)** days prior to the event, complete and submit this form with attachments to the University of Illinois Springfield Human Resources department.
2. The forms can be submitted via fax at: 217-206-7145 or emailed to: [uishr@uis.edu](mailto:uishr@uis.edu).
3. Review the Protection of Minors Policy and Procedures [here](#).

Program Title:	Hosting/Sponsoring Unit:
Program Dates and Times:	Program Location(s):
Unit Contact Information (Name, Phone, Email):	
Persons (at least 2) responsible for making arrangements for the safety of minors and other participants in the event of an emergency (Name, Phone Number, Email):	
Contact 1:	
Contact 2:	
Estimated Attendance (Include Participants and Volunteers):	Target Age Range:
Detailed Program Description:	

**I attest that the information contained herein and attached is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Hosting/Sponsoring Department or Unit Head/Supervisor

\_\_\_\_\_  
Date



### Checklist for Compliance

**Instructions:**

Please submit a brief narrative that describes how your unit is complying or handling each segment of the compliance checklist below.

If this information is contained in a Camp Orientation Manual, Event Emergency Plan, or another similar document, please provide a copy of the plan along with this Checklist for Compliance when submitting the forms.

Sponsoring Unit: \_\_\_\_\_

Program Title: \_\_\_\_\_

Date Program Begins: \_\_\_\_\_

**\*Please note: The following is a guideline and will require you to submit *full* answers to all points\***

**Activity Protocols:**

- Please describe any **transportation** plans.
- Please describe the plan for **weather emergencies** and other emergencies.
- Please describe the plan for providing adequate **supervision** for minors.
- Please describe the plan for educating event personnel about **appropriate conduct standards** with and around minors.
- Please describe the plan for alerting participants about **how to report issues**, including issues with peers, event personnel, and others.
- Please describe the plan for collecting and maintaining appropriate **permission forms**, medical contact information, and liability waivers.
- Please describe the plan for addressing **medical emergencies**.

**Overnight Activities:**    Yes     No

If "NO" is checked the below documentation is not required.

Activities including overnight stays by minors shall have the following additional protocols:

- Describe the identification to be worn by staff members, and participants if appropriate.
- State the applicable curfews.
- Provide a copy of the code of conduct or other conduct standards for participants.
- Describe where adults will sleep and their proximity to the minors.

