

Program Name _____

With regard to the above referenced program, do you have written policies addressing each of the following:

- Access and Supervision _____ yes _____ no*
- Appropriate Forms (to be listed below) _____ yes _____ no*
- First Aid & Medical Treatment _____ yes _____ no*
- Severe Weather _____ yes _____ no*

Are all program personnel current on all annual training requirements pursuant to OSU Policy 1-0135 and each of the above program-specific policies?

____yes ____no*

* If you answered 'no' to any of the above, please revisit OSU Policy 1-0135, Minors Participating in OSU-Related Activities and Programs for complete guidelines and requirements.

With regard to the above referenced program, are all of the following forms complete, signed and readily accessible to program personnel:

- Informed Consent & Release of Liability _____ yes _____ no*
- Medical Information & Release _____ yes _____ no*
- Consent for Prescription Medication _____ yes _____ no*
- Consent for Over-the-Counter Medication _____ yes _____ no*
- Rules and Disciplinary Procedures _____ yes _____ no*

* If you answered 'no' to any of the above, please visit www.minors.okstate.edu for sample forms and additional information.

By signing below I certify that I have checked each of these items and acknowledge my responsibility to comply with OSU Policy 1-0135 as well as all other relevant University policies.

Signature

Title

Print

Date