



MARQUETTE
UNIVERSITY

Reporting Form for Events involving Minors - UPP 4-26 Part 1

Name of Event/Workshop/Camp/Clinic/Activity:

Please provide supporting documents, copy of mailers or flyers, weblinks, and any internal proposals or other documentation necessary for Risk Management to understand the full nature of the activities involving minors. Incomplete submissions will be returned for supplementation before any further action to approve activities or individuals will be taken by Risk Management.

Department/Unit:

Contact Person for additional information:

Name: _____ Contact No: _____ Email: _____

Dates of Event: From: _____ To: _____

Will this event Be reoccurring? this fiscal year? From: _____ To: _____ From: _____ To: _____

Will this event Be reoccurring Next Fiscal Year? YES NO _____ _____ If yes, estimated month scheduled: _____

Estimated Number of Minor Participants or maximum group number per session _____

	YES	NO
Does any portion of this activity or program involve the physical presence of individuals under the age of 18 who are not registered University students (minors)?	_____	_____
Does the portion of this activity or program that involves minors take place on University property?	_____	_____
Does the portion of this activity or program that involves minors utilize University equipment or other University resources?	_____	_____

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	YES	NO
Is any college, department, or office of the University listed as a sponsor of this activity or program?	_____	_____
Does any college, department, or office of the University have the authority to direct how the activities involving minors will be undertaken, or does another organization <i>exclusively</i> direct how the activities involving minors will be undertaken?	_____	_____
Does the portion of this activity or program that involves minors constitute a clinical treatment program subject to the Wisconsin Caregiver Law?	_____	_____
Is the portion of this activity or program that involves minors covered by a human research protocol approved by the University Institutional Review Board?	_____	_____
Does the portion of this activity or program that involves minors require that parents be present during that entire portion of the activity or program?	_____	_____
Does the portion of this activity or program that involves minors include any activity in which less than two adults may be present with minors at any time?	_____	_____
Do volunteers who are not University faculty, administrators, staff, or students participate in the portion of this activity or program that involves minors?	_____	_____
Do registered University students who participate in the portion of this activity or program involving minors receive credit for their participation?	_____	_____
Will minors be transported to or from the event, or from place to place on campus, by University faculty, administrators, staff, or students?	_____	_____
Are minors involved in any overnight activity as part of this activity or program?	_____	_____

Please provide any additional information that would be relevant to determining whether the requirements of UPP 4-26, Working With Minors apply.

Name of Person submitting this form and contact number: _____

Date submitted: _____