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? From: ____________________ To: ____________________
this fiscal year? From: ____________________ To: ____________________

Will this event YES NO
Be reoccurring

Next Fiscal Year? If yes, estimated month scheduled: ____________________

Estimated Number of Minor Participants or maximum group number per session____________

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)? YES NO

Does the portion of this activity or program that involves minors take place on University property? YES NO

Does the portion of this activity or program that involves minors utilize University equipment or other University resources? 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? _____  _____

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: ____________________