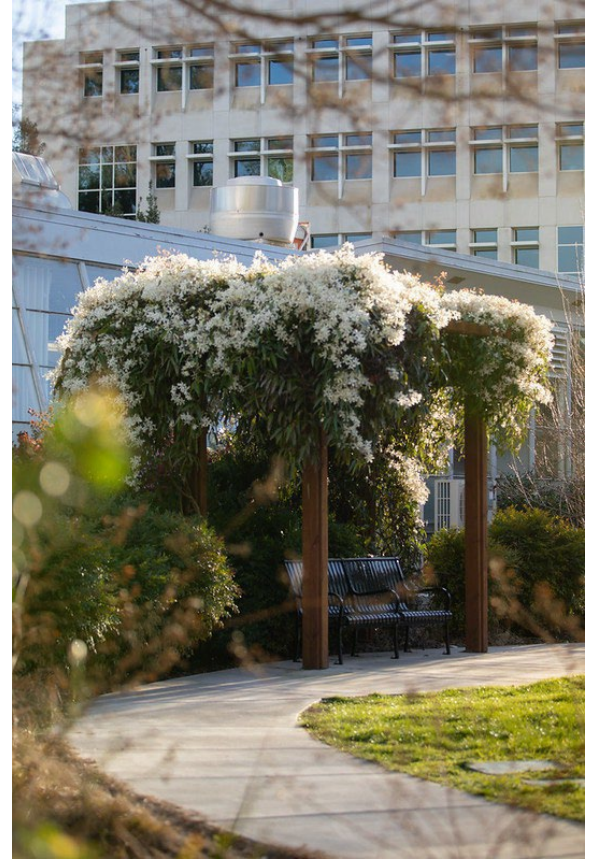


Youth Protection Program

Parent/Guardian/Participant Program Handbook



SACRAMENTO STATE
Redefine the Possible

INTRODUCTION

Youth programs are initiatives designed to engage young individuals in various activities that promote personal growth, skill development, and community involvement. These programs often focus on education, leadership development, health and wellness, arts, and social responsibility. Opportunities may include workshops, mentorship, sports, and volunteer projects, aiming to empower youth and equip them with tools for success. Local organizations, schools, and community centers typically offer these programs, providing resources and support to help young people realize their potential and positively contribute to society. Sac State Risk Management aims to promote Youth Programs operated and controlled by the University to ensure the safety of all involved.

POLICY STATEMENT

It is the policy of California State University, Sacramento (Sacramento State) to mandate the safety, protection, and well-being of all members of the campus community and visiting members of the public, including Youth on campus. Sacramento State has zero tolerance for the abuse or mistreatment of minors (hereinafter referred to as “Youth”).

Sacramento State establishes the minimum requirements to provide oversight and training for all approved programs and activities, both on and off-campus, in which children under eighteen (18) years (Youth) participate. All Youth Programs shall be designed, created, and operated in compliance with state and federal law as well as this policy and related procedures, including Executive Order(s) of the Office of The Chancellor.

WHOM THE POLICY APPLIES:

This policy applies to all Faculty, Staff, volunteers, and students of the university, University Auxiliary organizations, university-affiliated organizations, and outside organizations regardless of the funding source, including individuals and entities with contractual relationships with the university. The Protection of Youth applies to all involved or participating in activities, programs, camps, and educational and special events on and off campus.

WHY THE POLICY IS NECESSARY:

This university is dedicated to maintaining a zero-tolerance for abuse in all university-connected activities where Youth may be present. This policy is necessary to ensure a safe environment for Youth by implementing a University culture and program that is committed to the protection of Youth; To preserve and abide by federal and California State law, including Mandated Reporting of Child Abuse and Neglect ([CSU Executive Order \(EO\) 1083](#)) for reporting requirements as they pertain to Suspected Child Abuse or Neglect; To protect the University from liability; and to protect its students, faculty, staff, and administration from false allegations of impropriety. Compliance with this policy establishes a framework of reasonable precautions to protect the safety and well-being of Youth and the reporting obligations should an incident occur.

Program/Activity Name:

(Insert information about your program/activity here:)

Program Agenda/Schedule of Activates:

Date(s)Time(s): _____

Activity Type: _____

Location(s): _____

Drop off and Pick Up Procedures:

To ensure the safety of all participants, parents and guardians are required to sign their children in at drop-off and sign them out at pick-up. Children cannot leave the program without a parent or guardian's signature. For participants who drive themselves, they must sign themselves in and out at the beginning and end of the program, but they still need parental permission to leave during the program. This procedure helps maintain accountability and security for all minors involved. ff and sign them out.

Program Pick Up and Drop of Location(s):

Drop-Off and Pick-Up Procedures

1. Participants and parents/legal guardians are required to adhere to the protocols established for the designated areas within the various Youth Activity drop-off/pick-up zones to uphold the safety and security of everyone involved.
2. Upon arrival staff members will be stationed at the drop-off zone to receive participants and assist parents and guardians.
3. Staff will supervise the walk from the drop-off zone to the appropriate activity area.
4. If a participant is being dropped off late, it is the parent/guardian's responsibility to walk the participant to their appropriate activity area.
5. Participants will only be released to a parent or authorized adult.
6. Please park and walk to the designated pick-up zone to sign out participants.
7. If curbside drop-off/pick-up is available, parents/ legal guardians must remain in their vehicle. Staff will assist in streamlining the process.
8. Please be prompt. If for any reason you are late for pick up, please call the youth activity office.

Housing Athletics Outdoor Activities (Camping/Aquatic Center Activities, etc.) Other

(Insert based upon your program needs)

Medical Concerns

In youth programs, it's crucial to be aware of medical concerns such as allergies (especially food allergies), asthma, diabetes, and mental health issues, including anxiety and depression. Additionally, injuries related to physical activities, the need for medications (like inhalers or epinephrine auto-injectors), and the management of chronic conditions should be addressed.

Medication Management:

Participants requiring medications during their stay must check in all prescribed and over-the-counter medications with program staff upon arrival, ensuring that these medications, except for emergency rescue medications, are in their original containers and securely placed in a zip-top bag labeled with their full name and date of birth.

Program staff will ensure that medication bags are secured and accessible to participants according to the Medication Management Form instructions while refraining from handling the medications or offering guidance on their use. Participants are responsible for consulting their parents or guardians if they are uncertain about dosages or timing. Staff will provide reminders for medication times but will ultimately return all medications to the participant's parents or guardians at the end of the program. Please ensure that each *Medication Management Form* is filled out in detail, specifying the exact dosage, timing, and method of administration for each medication. This information is crucial for the proper management and safety of the child's health.

Program Staff:

Effective risk management for youth programs involves identifying potential hazards associated with activities, ensuring proper staff training, conducting background checks, implementing safety protocols, and regularly reviewing and updating policies. Staff should receive training in risk assessment, emergency response, and child protection regulations to create a safe environment. Establishing clear communication channels with participants and their families, as well as maintaining appropriate supervision ratios further enhance safety and minimize liability, allowing for positive experiences and development opportunities for youth. Should there be any concern of misconduct, please report it immediately to the Youth Protection Office at:

youthprotection@csus.edu Program Chaperones in charge of minors will be identified by a specific [color shirt and name badge].

Program employees and volunteers are not authorized to contact youth individually via text, email, social media, or any other electronic communication. Please report any inappropriate behavior to the Program Director.

An emergency phone line has been set up for the program at [enter text]. This phone line will be monitored throughout the program for emergencies in which a parent needs to contact a participant.

The additional standards have been developed to ensure that participants know how to recognize the program staff and what to expect while they are here.

(Insert information here:)

Emergency Information

Emergency Action Plan

In compliance with California State University *Executive Order (EO) 1056* which guides campuses on developing and maintaining an emergency management program (Building Emergency Action Plan) that will be activated in the event of an emergency. A Building Emergency Action Plan (BEAP) is a safety plan in which faculty, staff, students, and guests need to follow in the event of an emergency. This plan is a supplement to the comprehensive Sacramento State Emergency Operations Plan. The following emergency response information is provided with the understanding that all situations in a critical

incident cannot be predicted, but this information will assist in establishing the minimum emergency preparedness procedures training for all personnel in our building.

The following Building Emergency Action Plan for the program is located here:

(Insert information here, BEAP link or other similar content:)

Protocols for Injury/Illness

In the case of any injury/illness, staff will assess the seriousness of the injury/illness to ensure appropriate treatment.

For minor injuries (e.g. first-degree burns, scrapes, cuts, etc.), participants will be treated onsite as authorized by the parent/legal guardian's signed Medical Consent Form. If warranted, a staff member will call the parent/legal guardian to notify them.\

In the case of an emergency, 9-1-1 will be called. This will dispatch the University Police Department (Sac State PD) if on campus. The parent/legal guardian will be notified right away. The parent/legal guardian must be available, or make arrangements via an emergency contact, to pick up the participant should that be required.

Any of the following conditions would be considered an **EMERGENCY**:

- Loss of consciousness, disorientation, lack of coordination, and/or slurred speech (especially following a head injury)
- Severe and/or uncontrollable bleeding
- Partial or full amputation of a digit or limb
- Fracture with deformity and /or bone exposure
- Seizure
- Wheezing or facial swelling associated with an allergic reaction or insect bite/sting
- Animal bite
- Chest pain/pressure or unusual shortness of breath lasting more than 3 minutes

Program Directors will [report](#) the injury/illness to Risk Management Youth Protection within 24 hours of the incident.

Communication Protocols

In the event of an emergency, we will use the emergency contact information provided in your registration materials. Participants who carry cell phones will be allowed to use them to contact their parents/guardians if necessary.

The following section outlines the conduct expectations of all participants of this program. Please share this expectation(s) with your youth participant:

Participant Code of Conduct:

Our goal is to provide the highest quality program in a safe environment for every participant. Please assist us in maintaining a safe and enjoyable environment by following the Code of Conduct, below:

1. Respect and Communication:

- Treat others with courtesy and respect.
- Avoid foul language and harassment.
- Cooperate with staff instructions.

2. Safety Measures:

- Use the buddy system.
- Properly handle equipment and supplies.
- Stay within designated safe areas.
- Cross streets only at designated crosswalks.
- Tampering with fire equipment, security devices, or locks is strictly prohibited.
- Vandalism and pranks are not allowed.
- Responsible parties will be charged for any damage caused.
- Furniture must remain unchanged.

3. Emergency and Responsibility:

- Report injuries promptly.
- Remain on campus unless authorized to leave.
- Use cell phones during free time only.

4. Prohibited Actions:

- Violence is unacceptable.
- Respect privacy (no cameras in private areas).
- Sexual abuse or harassment will not be tolerated.
- No weapons, explosives, or tampering with safety equipment.

5. Internet Privileges:

- Misuse of internet access is prohibited.
- Unauthorized site access won't be tolerated.

Housing Information and Policies

Staff are responsible for overseeing the daily implementation and operation of the Residential/Housing/Overnight ASI Overnight CAMP Retreats.

6. Housing Rules:

- Curfews will be followed.
- Minors won't be housed alone.
- Adults and minors won't share rooms unless related.

7. Drug, Alcohol and Tobacco Policy:

- Sac State is a tobacco, and alcohol-free campus.

- Avoid smoking, vaping, or consuming alcohol or illegal substances.

8. Participants housed overnight will:

- Keep noise to a minimal level as a courtesy to other residents.
- Observe quiet hours from*: [_____]

9. Curfew

- Lock the door at night and when they are away from the room.
- Leave the room clean upon check-out, removing all personal belongings and trash
- All participants must be in their rooms by*: _____ each night.
- **Leaving the residence hall after curfew is prohibited and may be grounds for being dismissed from the program.**
- Curfew is at [__pm] every night. All participants must be in their assigned dorm rooms by this time.
- Quiet hours are from [__pm] to [__am] daily. Please be considerate of others by keeping noise to a minimum.
- Bed Check Schedule [__]
- Please refer to [Conference and Event Services \(University Housing\)](#) for curfew and quiet times guidelines.
[Conference and Event Services Important Numbers \(University Housing\)](#)
[ASI Peak Adventures Important Numbers:](#)
[UEI Important Numbers:](#)

10. Internet Access

Internet access will only be given when it is authorized by the camp coordinator.

11. Visitors

No outside visitors are permitted in the dormitories at any time. No participant visitors after 10:00 pm.

12. Safety and Security

- Do not prop open any doors or allow strangers into the dormitories.
- In case of emergency, contact [Emergency Contact Information].

13. Meals and Dining

- Meals will be provided in [Location] at the following times: [Mealtimes].
- Please notify us of any dietary restrictions or allergies before arrival.

14. Health and Wellness

If you are feeling unwell, please notify a staff member immediately

15. Room Assignments

- Room assignments will be provided upon check-in. Requests for room changes will only be considered for valid reasons and must be approved by the program coordinator.
- Switching rooms is prohibited. Any changes in room assignments can only be made by the camp director.

Participants who violate university policies or program rules may be dismissed and removed from the program.

Dismissal or Removal from the Program Process:

- Written report of issue that took place
- Documentation of Communication regarding the dismissal.
- Arranging for Pick-Up:
 - ✓ Supervised departure: Ensure that the minor is safely supervised until they are picked up.
 - ✓ This may involve arranging for a designated guardian or parent to come and collect them.
 - ✓ Confirm Pickup Details: Verify the identity of the person picking up the minor to ensure it is an authorized individual.
- Exit Forms
- Return of property that belongs to the University

Child Abuse Reporting Obligations

Sac State has steps to ensure that all youth program staff are aware of their responsibility to report known or suspected child abuse, but it is also important for participants and their parents/guardians to report suspicious behavior.

If you see something, say something!

If you or your child become aware of known or suspected child abuse on our campus or involving program staff or participants, please report it immediately to the University's Police Department by calling **916-278-6000**, when outside of campus, call **911**.

Forms:

All participants are required to have on file a Medical Information Form

Parents/Guardians are required to complete: [Medical Release Form, Release of Liability, and Media Form](#) and the [Emergency Contact Form](#)

Campus Policies

[Youth Protection for Children Under 18 - Sacramento State Policy # 13764066](#)

[Executive Order 1083](#)

[Alcohol Beverage and Drug Policy](#)

[Student Code of Conduct](#)

CAMPUS SAFETY:

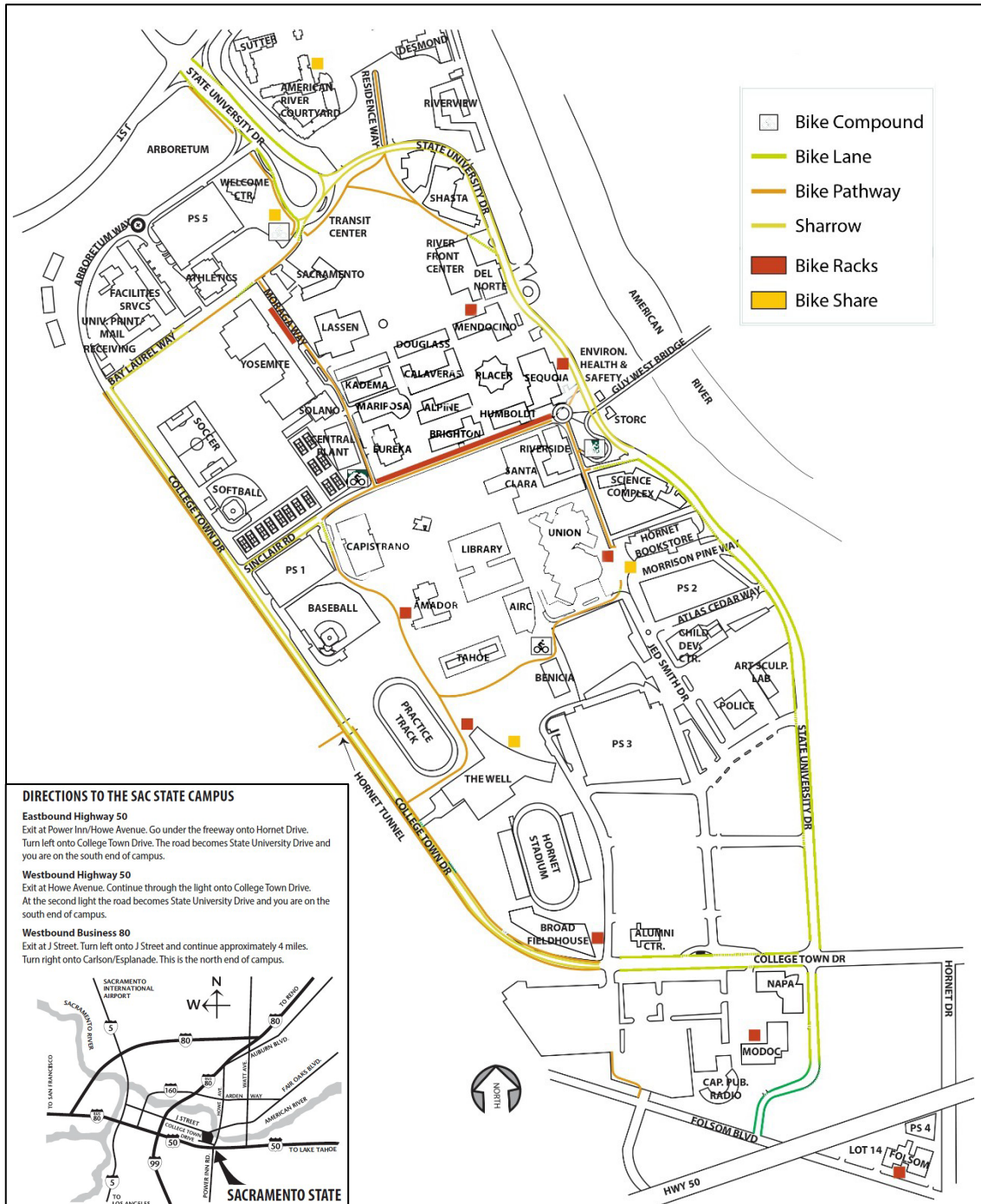
There are 3 ways to contact the Sacramento State Police Department while on campus:

1. Blue Light fixtures throughout the campus.
2. Campus phones: Dial 9-1-1
3. Cell phone: (916) 278-6000

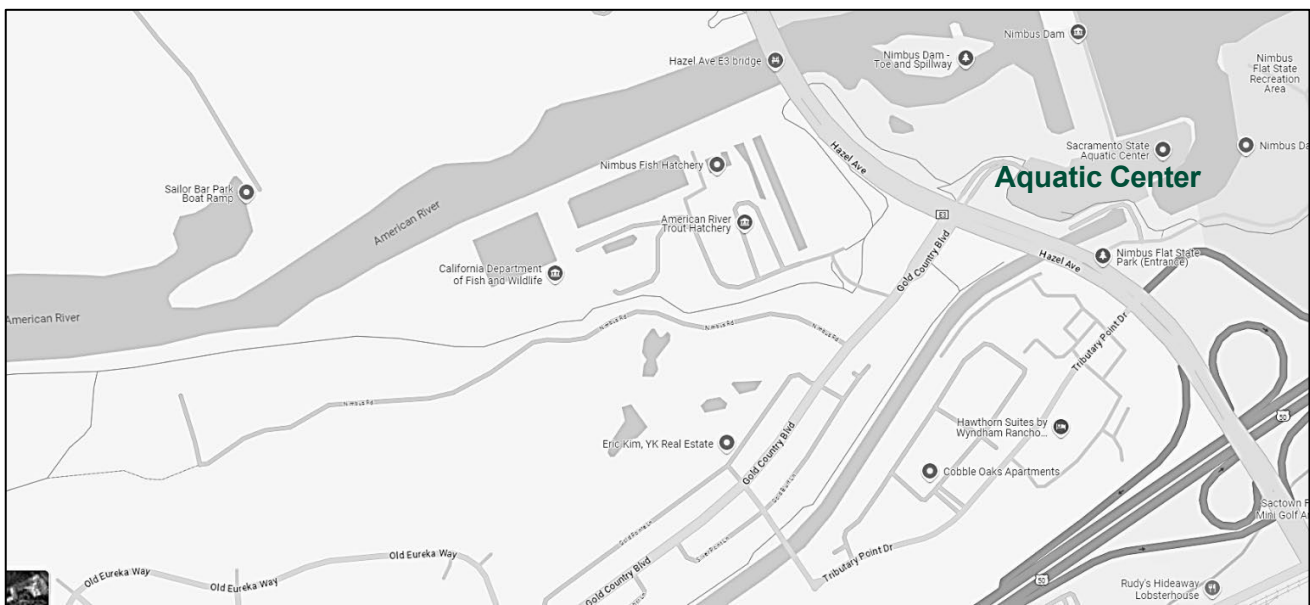
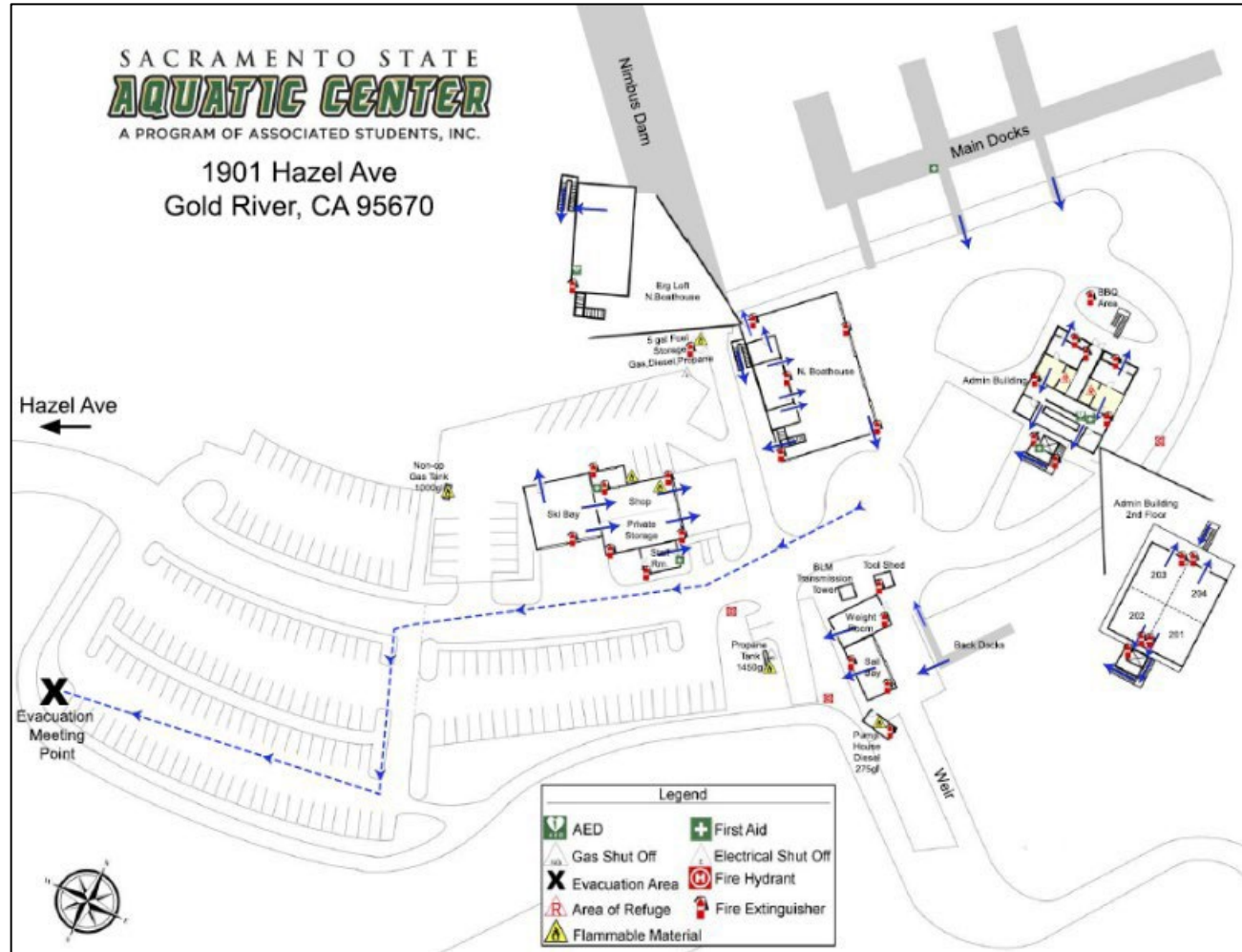
We have created an interactive Campus Safety map that contains Building Emergency Action Plans (exits, rally points, etc.). AED locations, Blue Light Locations, and Rally Point locations.

Visit: <https://www.csus.edu/compliance/risk-management/campus-safety-map.html>

SAC STATE CAMPUS MAP



ASI AQUATIC CENTER MAP



CSU GENERAL RELEASE OF LIABILITY

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s): _____
Activity Location(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, [Sac State] and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning**

the legal effect of this document have been made to me. I understand that I have the opportunity to consult with a lawyer of my choosing prior to signing this document.

Participant Signature: _____

Participant Name (print): _____ Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me. I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Print Name of Minor Participant's Parent/Guardian

Signature of Minor Participant's Parent/Guardian

Date

Minor Participant's Name

MEDIA RELEASE

VISUAL/AUDIO MEDIA RELEASE FORM

Program/Activity Name: _____

I grant permission to the State of California; the Trustees of The California State University; California State University, [Sac State] and their employees, officers, directors, volunteers and agents (collectively "University") to take and use visual/audio images of me. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. University will not materially alter the original images. I agree that University owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release the State of California; the Trustees of The California State University; California State University, [Sac State] and their employees, officers, directors, volunteers and agents (collectively "University"), including any firm authorized to publish, broadcast and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.

Printed Name

Date

Signature

Telephone or Email Address

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. **I understand I have the opportunity to consult with a lawyer of my choosing prior to signing this document.**

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

MEDICAL TREATMENT AUTHORIZATION FORM

Youth Program/Activity: _____

Name of Participant: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Existing Medical Coverage: _____

Plan: _____

Known Allergies: _____

Current Medications: _____

I hereby voluntarily permit my child to participate in the [Program/Activity] at [SAC STATE Campus name].

While my child is attending or traveling as part of this Activity/Program, I HEREBY AUTHORIZE THE STAFF/ADULT VOLUNTEER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided.

AUTHORIZATION, CONSENT, AND RELEASE

I hereby certify that my child is in good health and can participate in all functions of this

Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the Program Staff.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

Youth Program Medication Management Form

Instructions

Participants are allowed to bring prescription or over-the-counter medications for various conditions, which will be secured and administered by program staff as per written authorization from a parent or guardian. While it is the participant's responsibility to retrieve their medications, staff will provide reminders and can contact guardians for clarification on medication or dosages if needed.

All medications provided to the Program must remain in their original containers with intact and legible labels, including the pharmacist or prescriber's name, address, and contact number. It is recommended that only the necessary amount of medication for the duration of participation be submitted, and if any tablets need to be cut in half, they should be prepared before submission. Please send medicine cups for liquid medications.

It is essential to ensure that all medications for each participant are clearly labeled and securely stored in designated plastic bags, with comprehensive completion of the Medication Management form being mandatory for self-administration of prescription or OTC medications. A new form must be submitted for every program the participant attends, for each individual medication, and whenever there are changes in dosage or administration timing. Upon program completion, all medications and their bags will be returned to the participant's parent or guardian.

Note: *Unless we have prior parental authorization, we cannot provide ANY OTC medication.*

Youth Program Medication Management Form

Participant Name: [Enter text Here]

Program/Activity Name: [Enter text Here]

Program Date(s): [Enter text Here]

Medication Information

Medication Name: [Enter text Here] Dose: [Enter text Here]

Condition for which medication is being administered: [Enter text Here]

Specific Directions (e.g., on an empty stomach/with water, taken with food, etc.): [Enter text Here]

Time/frequency of administration: [Enter text Here]

If taken as needed, frequency: [Enter text Here]

If taken as needed, for what symptoms: [Enter text Here]

Relevant side effects: [Enter text Here]

Medication shall be administered from (date): _____ to: _____

Special Storage Requirements:

Is refrigeration required? ___Yes ___No

Prescriber's Name/Title: _____

Prescriber's Place of Employment: _____

Contact Information

Phone: _____

Email: _____

If your child requires any assistance with their medications, please explain:

Authorization

- I authorize and recommend self-administration by my child for the above medication. (Please initial: _____)
- I also affirm that they have been instructed in the proper self-administration of the prescribed medication by their attending physician. (Please initial: _____)
- I shall indemnify and hold harmless the Program Staff, Sac State, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees, and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). (Please initial: _____)

Signature of Parent or Guardian: _____ **Date:** _____

Parent or Guardian Name: _____

Work Phone: _____ **Cell Phone:** _____

EMERGENCY CONTACT FORM

PARTICIPANT INFORMATION:

Full Name: _____

Address: _____

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____ Relation: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Name of Alternative Contact: _____ Relation: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

CONDITIONS/ISSUES:

Please list any medical issues the student may have, i.e. asthma, allergies.....

The information requested on this form is confidential and for emergency use only. In the event of an emergency, while participating in an athletic event, the information will be used by Sac State (Activity or Program Name). Please provide accurate, complete, and true information.

In case of an emergency, I permit for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Parent/Guardian Signature:

Date:
