

## APPENDIX 11

### PARENTAL AFFIRMATION

I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the \_\_\_\_\_ youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### WAIVER AND RELEASE

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child’s participation in the \_\_\_\_\_ Program.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

## APPENDIX 13

### **CODE OF CONDUCT FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying)<sup>1</sup> or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

#### **Sanctions for Violating Code of Conduct**

##### **Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

*Next occurrence youth is removed from the program.*

##### **Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

*Next occurrence youth is removed from the program.*

##### **Illegal Substances or Dangerous Weapons**

1<sup>st</sup> Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

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<sup>1</sup> Cyber-bullying is defined in Appendix 16, which sets out the *Internet Use Policy*.

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\*\*\*\*\*

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the \_\_\_\_\_ program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

APPENDIX 17

**SAMPLE MEDICAL INFORMATION FORM**

Today's Date: \_\_\_\_\_

**Health History:**

Child's Name (Last, First, M.I.): \_\_\_\_\_

Gender (check one): Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live in home with child? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live at home with child? \_\_\_\_\_

Is/Has child been under regular supervision of a physician? \_\_\_\_\_

Name and address of physician \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

**Health and Developmental History:**

**Childhood illness:** Check any that apply

- Measles  Mumps  Asthma  Chickenpox  Rheumatic Fever  Hay Fever  Diabetes  
 Epilepsy  Whooping Cough  Poliomyelitis  Ten-Day Measles (Rubella)  Three-Day Measles (Rubella)

Other (please list): \_\_\_\_\_

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the \_\_\_\_\_ youth initiatives program?

(check one)  None  Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the \_\_\_\_\_ youth initiatives program?

(check one)  None  Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

Specify any other serious or severe illnesses or accidents: \_\_\_\_\_

\_\_\_\_\_

Does child take prescribed medications? \_\_\_\_\_

Name the medications: \_\_\_\_\_

Frequency Taken: \_\_\_\_\_  
(For any medications or treatment required during the course of the \_\_\_\_\_ youth initiatives program, a Medication Authorization Form should be completed and submitted with this form.)

Does child take any over the counter medications frequently? \_\_\_\_\_  
Name the medications: \_\_\_\_\_  
Frequency Taken: \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_  
Specify: \_\_\_\_\_

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.): \_\_\_\_\_  
Name the Device(s): \_\_\_\_\_  
Reason for use: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.**

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX 20

### CONFIDENTIALITY POLICY

It is the policy of \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, \_\_\_\_\_ Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its \_\_\_\_\_ program and to better serve the needs of the youth participants, the \_\_\_\_\_ Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

**Limits of Confidentiality:** Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of \_\_\_\_\_ Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as

such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

**Safekeeping of Confidential Records:** The President of \_\_\_\_\_ Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

**Requests for Confidential Information by Other Agencies:** Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

**Violations of Confidentiality:** Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

**No Liability.** There shall be no liability to Delta, the \_\_\_\_\_ Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.



## APPENDIX 22

### DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY

It is the policy of the \_\_\_\_\_ Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its \_\_\_\_\_ Youth Initiative Program (“Program”). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.
3. One of the following procedures shall be observed during departure and return:
  - a. Parents or an authorized representative will sign out youth.
  - b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
  - c. When chapters provide transportation to off site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

**Chapters should clearly communicate to parents or guardians that, if a parent or guardian wishes to arrange alternative transportation for their child to attend an off site activity, the youth may join the group at the event or activity, but the \_\_\_\_\_ Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.**

APPENDIX 23

**SAMPLE PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child at \_\_\_\_\_ Youth Initiative Program on \_\_\_\_\_ (date of the event), without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the \_\_\_\_\_ Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of \_\_\_\_\_, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name