



Delta Sigma Theta Sorority, Incorporated  
 Quaker City Alumnae Chapter  
 www.DSTQuakerCity.org



## Dr. Betty Shabazz Delta Academy

*“The Transformation of Me...Knowing Me, Developing Me, Preparing Me”*

Delta Sigma Theta Sorority, Incorporated, Quaker City Alumnae Chapter offers activities and a curriculum that promotes dialogue, introspection and maturity, which will result in positive growth among the participants.

Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century: The Delta Academy was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. Delta Academy provides an opportunity for local chapters to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning defined as the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

<b>IMPORTANT DATES</b>	
<b><u>Application Deadline &amp; MANDATORY Parent/Participant Meeting</u></b>	<b><u>September 17, 2019 @ 7:00 pm</u></b> – Gustine Recreation Center, 4868 Ridge Ave., Philadelphia, PA 19129
<b>All regularly scheduled meetings are (with a few pre-determined exceptions - parents will be notified)</b>	<b>From 11am-2pm unless otherwise specified. 3<sup>rd</sup> Saturdays of the month October 2019– May 2020</b>
<b>Meeting Address (unless otherwise noted)</b>	<b>St. Martin de Porres 2340 W. Lehigh Avenue, Philadelphia, PA 19132</b>

### **BEHAVIOR POLICY**

Students must comply with the rules and regulations established by Delta Sigma Theta Sorority, Inc., Quaker City Alumnae Chapter, and the Dr. Betty Shabazz Delta Academy program.

### **ATTIRE**

The official Dr. Betty Shabazz Delta Academy shirts must be worn with appropriate skirt/pants to ALL meetings. Participants should look neat (hair included) wearing appropriately fitted skirts (modest length) or pants and comfortable shoes. Please, NO low rise, ripped pants, or short skirts. For field trips: The official Dr. Betty Shabazz Delta Academy shirts (clean and not wrinkled) and book bag must be worn with aforementioned appropriate bottoms and comfortable walking shoes. Replacement shirts and/or back bag will incur a fee.

### **COST**

The cost of this program is FREE.

<b>Mail Completed Application To:</b> Delta Sigma Theta Sorority, Inc. Quaker City Alumnae Chapter Attn: Delta Academy P.O. Box 42831, Philadelphia, PA 19101	<b>For More Information Contact:</b> Dr. Betty Shabazz Delta Academy, Academy@dstquakercity.org Co-Chair: Shereen Atkins, 215-760-3973 Co-Chair: Malene Green, 610-659-8722 President : Sharon Anthony, QuakerCityPresident@gmail.com
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**Dr. Betty Shabazz Delta Academy**

*“The Transformation of Me...Knowing Me, Developing Me, Preparing Me”*

**2019-2020 Application**

**PLEASE TYPE OR PRINT ALL INFORMATION**

<b>Student's Personal Information</b>				
Student Name (First, Middle Initial, Last)		Date of Birth:	Gender:	Grade:
Address: (Number, Direction, Street, Apt #)		City/State		Zip Code
Home Telephone: ( )	Cell Phone: ( )	Email Address:		
School Name:		School Address:		
Allergies (Food/Drug):	Medical Conditions:	Medication(s):	Comments:	
<b>Family/Contact Information</b>				
Parent/Legal Guardian Name:		Cell Phone: ( )	Work Telephone: ( )	
Parent/Legal Guardian Email Address:				
Name of Health Insurance:		Policy Holder Name:	Policy #:	
Emergency Contact Name #1:		Telephone#: ( )	Relationship to Student:	
Emergency Contact Name #2:		Telephone#: ( )	Relationship to Student:	



**Dr. Betty Shabazz Delta Academy**

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<b>Month</b>	<b>Date</b>	<b>Time</b>	<b>Topic</b>
September	9/21/19	11-2 pm	Welcome/Getting to Know You
October	10/19/19	11-2 pm	Self Esteem Workshop/Etiquette
November	11/16/19	TBA	Movie – “Harriet Tubman”
December	12/21/19	TBA	Cooking Class
January	1/11/20	TBA	Philadelphia Food Share
February	2/15/20	TBA	The Colored Girls Museum
March	3/21/20	11-2 pm	Paint Class - Women’s History Month; Portrait
April	4/18/20	TBA	World Health Day collaboration with International Awareness & Involvement Committee
May TBA	5/16/20	TBA	Closing Program – 3rd Annual Youth Day

**PARENT/GUARDIAN FORMS CHECKLIST**

Youth Participant Name: \_\_\_\_\_

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

\_\_\_\_\_ **Appendix B1: Parental/Guardian Affirmation**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B2: Photograph, Media and Video Authorization Form**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B3: Youth Code of Conduct**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B4: Youth Pick-up Authorization**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B5(a): Waiver and Permission to Transport Youth**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B5(b): Parent Waiver and Permission for Teenage Driver to Transport Youth**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B6: Off-site Permission**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B7: Medical Information and Treatment Authorization Packet**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix B8: Medication Authorization**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix C1: Confidentiality Policy**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix C2: Child Abuse Reporting Numbers**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix C3: Youth Sign-In/Sign-Out Policy**  
Date Received: \_\_\_\_\_

\_\_\_\_\_ **Appendix C4: Internet Use Policy**  
Date Received: \_\_\_\_\_

Printed Name of Chapter Member Completing Form: \_\_\_\_\_

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

**APPENDIX B1**

**PARENTAL/GUARDIAN AFFIRMATION**

I, \_\_\_\_\_, hereby give my permission to the \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated for \_\_\_\_\_ to participate in the \_\_\_\_\_ youth initiative (including planned activities), and I hereby attest, under penalty of perjury, that I have the legal authority to authorize such participation.

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

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

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

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

**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 (“DST”), its officers, National Executive Board, employees, members, local Chapters, representatives, agents, affiliates, and assigns (collectively “Releases”), 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 \_\_\_\_\_ Youth Initiative.

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 Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releases.

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 B2

**PHOTOGRAPH, MEDIA AND VIDEO AUTHORIZATION 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 during participation in \_\_\_\_\_ Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media 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 \_\_\_\_\_, authorized legally to give this consent, 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

## APPENDIX B3

### YOUTH CODE OF CONDUCT

1. Respect all participants (other youth 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 others. 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-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*

*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 C4, which sets out the *Internet Use Policy*.

**Applicant Name:**

**(Student Participant)**

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*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\*\*\*\*\*

**(Parent)**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



APPENDIX B4

**YOUTH PICK-UP AUTHORIZATION FORM**

I authorize the persons listed below to pick-up my child from the \_\_\_\_\_ youth initiatives program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

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

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

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

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

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

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

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

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

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

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

*By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the \_\_\_\_\_ Chapter to release my child to the persons listed above. I also agree to notify the \_\_\_\_\_ Chapter in writing of any changes to the above list of authorized persons.*

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Participant Name:**

APPENDIX B5(a)

**PARENT WAIVER AND PERMISSION TO TRANSPORT YOUTH**

**Name of Child:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Driver:** \_\_\_\_\_

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect the vehicles they ride in, and the person they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Incorporated and the \_\_\_\_\_ Chapter from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

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

\_\_\_\_\_  
Date

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

APPENDIX B5(b)

**PARENT WAIVER AND PERMISSION FOR TEENAGE DRIVER TO TRANSPORT YOUTH**  
**ALL TEENAGE DRIVERS MUST HAVE A NON-PROVISIONAL DRIVER'S LICENSE**

Name of Child: \_\_\_\_\_

Event: \_\_\_\_\_

Location: \_\_\_\_\_

Student Driver: \_\_\_\_\_

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by a teenage driver and they are to wear their safety-belt while traveling;
- (2) They are expected to respect the vehicles they ride in, and the person they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received/provided, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Incorporated and the \_\_\_\_\_ Chapter from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian of Teenage Driver Signature

\_\_\_\_\_  
Date

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

**APPENDIX B6**

**OFF-SITE PERMISSION**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (“Child”), give permission for my/our Child to participate in the \_\_\_\_\_ Youth Initiatives Program’s (the “Initiatives”) activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Chapter.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, 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 for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

**APPENDIX B7**

**MEDICAL INFORMATION AND TREATMENT AUTHORIZATION PACKET**

Today's Date: \_\_\_\_\_  
Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Parent/Guardian Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Minor's Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**HEALTH INFORMATION**

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Asthma Inhaler required at Program: Yes or No

Vision Problems: Glasses Contacts

Hearing Problems: Hearing Aid(s)

ADD/ADHD: Yes or No

Other:

\_\_\_\_\_

Allergies/Sensitivities (be specific)

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Bee sting or insect bite \_\_\_\_\_ Other \_\_\_\_\_

List all medications and dosages your child receives on a continual basis:

**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 the regular supervision of a physician? \_\_\_\_\_

Name, address, and phone number 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 \_\_\_\_\_

\_\_\_\_\_

**Youth Participant Name:**

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? Yes No

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

Frequency Taken: \_\_\_\_\_

### **NON-PRESCRIPTION MEDICATION PERMIT**

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

**For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.

**For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.

**For nasal congestion/sinus pressure:** Decongestant

**For sore throat:** Throat lozenges (e.g., Capitol lozenges)

**For coughs:** Cough drops/lozenges or cough suppressant.

**For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)

**For sun protection:** Sunscreen lotion SPF 30.

**I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

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

**Youth Participant Name:**

**PHYSICIAN & INSURANCE INFORMATION**

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

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

Name of Policy Holder \_\_\_\_\_

Name of Policy Holder's Employer \_\_\_\_\_

**Youth Participant Name:**



**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 \_\_\_\_\_

**Youth Participant Name:**

APPENDIX B8

**MEDICATION AUTHORIZATION FORM**

(To be filled out by the physician dispensing the medication)

Name of Minor \_\_\_\_\_

Birthdate \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Route of administration \_\_\_\_\_

Possible side effects and significant information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's telephone number: \_\_\_\_\_

**PARENTAL PERMISSION FORM**  
**ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for \_\_\_\_\_ to take \_\_\_\_\_  
at the \_\_\_\_\_ youth initiatives program as ordered by his/her physician  
identified above.

I/We understand that it is my/our Child's responsibility to report to \_\_\_\_\_  
at the appropriate time for the Administration of the medication.

I/We further understand that it is my/our responsibility to furnish this medication and any authorized  
refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated ("DST"), its officers,  
National Executive Board, employees, members, local Chapters, representatives, agents, affiliates,  
assigns, the \_\_\_\_\_ youth initiatives program, its agents, and/or any  
employee who administers any drug to my/our child, in accordance with written instructions from the  
prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury  
suffered by my/our child due to the administration or failure to provide the drug.

The \_\_\_\_\_ youth initiatives program reserves the right to refrain from  
administering medication if in the judgment of the \_\_\_\_\_ youth initiatives  
program, or other authorized Program officer, agent, or employee the circumstances do not warrant  
medication administration.

I/We understand that the medication must be brought to the \_\_\_\_\_ youth  
initiatives program by me/us in the original appropriately labeled container.

If I/we cannot bring the medication to the \_\_\_\_\_ youth  
initiatives program, I/we will call the \_\_\_\_\_ youth initiatives program to  
inform them that my/our child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICATION ADMINISTRATION PROCEDURES

### **Prescription Medication**

1. We require the Medication Authorization Form to be completed by the prescribing physician and the parent. For each prescription medication ordered, the physician must give the following information: (1) the student's name, (2) the medication, (3) the dosage, (4) the time of administration, (5) the reason for administration, (6) the route of administration, (7) the possible side effects, and (8) any other significant information. The form must then be signed and dated by the prescribing physician. Signed parental consent is also required for each medication. This consent releases Delta Sigma Theta Sorority, Incorporated, the \_\_\_\_\_ youth initiatives program, and their officers, National Executive Board, employees, members, local Chapters, representatives, agents, affiliates, and assigns from liability if the medication causes adverse reactions. The Medication Authorization Form is updated annually.
2. The original prescription container must accompany all medication to be given at the \_\_\_\_\_ youth initiatives program. Medications should be brought to the \_\_\_\_\_ youth initiatives program by the parent or responsible adult and taken to \_\_\_\_\_. The original prescription container should be labeled with the following information: name of student, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, and expiration date.
3. If possible, the parent should provide \_\_\_\_\_ days' worth of the medication if it is to be given every day. It is the parent's responsibility to provide adequate refills on a timely basis.
4. All medication is kept in a locked cabinet or locked container at all times. If not retrieved by a parent or responsible adult, all medication will be destroyed one week after the expiration date or at the end of the term for the \_\_\_\_\_ youth initiatives program.
5. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

### **Over-the-Counter Medication**

1. Written parental/guardian consent for the administration of over-the-counter medication is obtained through the emergency forms.<sup>1</sup>
2. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

<sup>1</sup>A copy of the Medical Treatment Authorization is attached hereto as Appendix B8.

**Youth Participant Name:**

## APPENDIX C1

### CONFIDENTIALITY POLICY

It is the policy of \_\_\_\_\_ Chapter of Delta Sigma Theta Sorority, Incorporated (“DST”) 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 or 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.

**Youth Participant Name:**

- 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 Sigma Theta Sorority, Incorporated, 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.

## **Acknowledgment of Receipt**

**Parent/Guardian (Print Name):**

**Parent/Guardian (Signature):**

**Youth Participant Name:**

## APPENDIX C2



### Child Abuse Reporting Numbers

The following organizations are among many that have information on Child Abuse Reporting Numbers. Inclusion on this list is for information purposes and does not constitute an endorsement by Child Welfare Information Gateway or the Children's Bureau. For the most current information, please refer to the National Organizations section of Child Welfare Information Gateway at <http://www.childwelfare.gov/organizations/index.cfm>.

Recommended updates and additions to the Information Gateway Organization database can be emailed to: [OrganizationUpdates@childwelfare.gov](mailto:OrganizationUpdates@childwelfare.gov)

#### Alabama

[http://dhr.alabama.gov/services/Child\\_Protective\\_Services/Abuse\\_Neglect\\_Reporting.aspx](http://dhr.alabama.gov/services/Child_Protective_Services/Abuse_Neglect_Reporting.aspx)

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

#### Alaska

Toll-Free: (800) 478-4444

<http://www.hss.state.ak.us/ocs/default.htm>external link

#### Arizona

Toll-Free: (888) SOS-CHILD (888-767-2445)

<https://www.azdes.gov/dcyf/cps/reporting.asp>

#### Arkansas

Toll-Free: (800) 482-5964

<http://humanservices.arkansas.gov/dcfs/Pages/ChildProtectiveServices.aspx#Child>

#### California

<http://www.dss.cahwnet.gov/cdssweb/PG20.htm>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

#### Colorado

Local (toll): (303) 866-5932

<http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251633944381>

Click on the website above for information on reporting or call (303) 866.5932

Connecticut

Toll-Free: (800) 842-2288

TDD: (800) 624-5518

<http://www.ct.gov/dcf/cwp/view.asp?a=2556&Q=314388>

Delaware

Toll-Free: (800) 292-9582

<http://kids.delaware.gov/services/crisis.shtml>

District of Columbia

Local (toll): (202) 671-SAFE (202-671-7233)

<http://cfsa.dc.gov/service/report-child-abuse-and-neglect>

Florida

Toll-Free: (800) 96-ABUSE (800-962-2873)

[http://www.dcf.state.fl.us/abuse/external link](http://www.dcf.state.fl.us/abuse/external-link)

Georgia

<http://dfcs.dhs.georgia.gov/child-abuse-neglect>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Hawaii

Local (toll): (808) 832-5300

<http://humanservices.hawaii.gov/ssd/home/child-welfare-services/>

Idaho

Toll-Free: (800) 926-2588

TDD: (208) 332-7205

<http://healthandwelfare.idaho.gov/Children/AbuseNeglect/ChildProtectionContactPhoneNumbers/tabid/475/Default.aspx>

Illinois

Toll-Free: (800) 252-2873

Local (toll): (217) 524-2606

<http://www.state.il.us/dcf/child/index.shtml>external link

Indiana

Toll-Free: (800) 800-5556

<http://www.in.gov/dcs/2398.htm>

Iowa

Toll-Free: (800) 362-2178

<http://dhs.iowa.gov/report-abuse-and-fraud>

Kansas

Toll-Free: (800) 922-5330

<http://www.dcf.ks.gov/Pages/Report-Abuse-or-Neglect.aspx>

Kentucky

Toll-Free: (877) 597-2331

<http://chfs.ky.gov/dcbs/dpp/childsafety.htm>

Louisiana

Toll-Free: (855) 452-5437

<http://dss.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&pid=109>



Maine

Toll-Free: (800) 452-1999

TTY: (800) 963-9490

<http://www.maine.gov/dhhs/ocfs/hotlines.htm>

Maryland

[http://www.dhr.state.md.us/blog/?page\\_id=3973](http://www.dhr.state.md.us/blog/?page_id=3973)external link

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Massachusetts

Toll-Free: (800) 792-5200

<http://www.mass.gov/eohhs/gov/departments/dcf/child-abuse-neglect/>

Michigan

Toll-Free: (855) 444-3911

Fax: (616) 977-1158

Fax: (616) 977-1154

[http://www.michigan.gov/dhs/0,1607,7-124-5452\\_7119---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5452_7119---,00.html)

Minnesota

<http://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/contact-us/index.jsp>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Mississippi

Toll-Free: (800) 222-8000

Local (toll): (601) 359-4991

[http://www.mdhs.state.ms.us/fcs\\_prot.htm](http://www.mdhs.state.ms.us/fcs_prot.htm)external link

Missouri

Toll-Free: (800) 392-3738

<http://www.dss.mo.gov/cd/rptcan.htm>

Montana

Toll-Free: (866) 820-5437

<http://www.dphhs.mt.gov/cfsd/index.shtml>

Nebraska

Toll-Free: (800) 652-1999

[http://dhhs.ne.gov/children\\_family\\_services/Pages/children\\_family\\_services.aspx](http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx)

Nevada

Toll-Free: (800) 992-5757

[http://dcfs.state.nv.us/DCFS\\_ReportSuspectedChildAbuse.htm](http://dcfs.state.nv.us/DCFS_ReportSuspectedChildAbuse.htm)external link

New Hampshire

Toll-Free: (800) 894-5533

Local (toll): (603) 271-6556

<http://www.dhhs.state.nh.us/dcyf/cps/contact.htm>external link

New Jersey

Toll-Free: (877) 652-2873

TDD: (800) 835-5510

TTY: (800) 835-5510

<http://www.nj.gov/dcf/reporting/how/index.html>

New Mexico  
Toll-Free: (855) 333-7233  
<http://cyfd.org/child-abuse-neglectexternal link>

New York  
Toll-Free: (800) 342-3720  
TDD: (800) 369-2437  
Local (toll): (518) 474-8740  
<http://www.ocfs.state.ny.us/main/cps/external link>

North Carolina  
<http://www.dhhs.state.nc.us/dss/cps/index.htmexternal link>  
Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

North Dakota  
<http://www.nd.gov/dhs/services/childfamily/cps/#reporting>  
Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Ohio  
Toll-Free: (855) 642-4453  
<http://jfs.ohio.gov/ocf/reportchildabuseandneglect.stm>

Oklahoma  
Toll-Free: (800) 522-3511  
<http://www.okdhs.org/programsandservices/cps/default.htmexternal link>

Oregon  
<http://www.oregon.gov/DHS/children/abuse/cps/report.shtml>  
Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Pennsylvania  
Toll-Free: (800) 932-0313  
TDD: (866) 872-1677  
<http://www.dpw.state.pa.us/forchildren/childwelfareservices/calltoreportchildabuse!/index.htmexternal link>

Puerto Rico  
Toll-Free: (800) 981-8333  
Local (toll): (787) 749-1333

Rhode Island  
Toll-Free: (800) RI-CHILD (800-742-4453)  
[http://www.dcyf.ri.gov/child\\_welfare/index.php](http://www.dcyf.ri.gov/child_welfare/index.php)

South Carolina  
Local (toll): (803) 898-7318  
<http://dss.sc.gov/content/customers/protection/cps/index.aspx>  
Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

South Dakota  
<http://dss.sd.gov/cps/protective/reporting.asp>  
Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Tennessee  
Toll-Free: (877) 237-0004  
<https://reportabuse.state.tn.us/external link>

Texas

Toll-Free: (800) 252-5400

[https://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](https://www.dfps.state.tx.us/Contact_Us/report_abuse.asp)external link

Utah

Toll-Free: (855) 323-3237

<http://www.hsdcsf.utah.gov>

Vermont

After hours: (800) 649-5285

[http://www.dcf.state.vt.us/fsd/reporting\\_child\\_abuse](http://www.dcf.state.vt.us/fsd/reporting_child_abuse)external link

Virginia

Toll-Free: (800) 552-7096

Local (toll): (804) 786-8536

<http://www.dss.virginia.gov/family/cps/index.html>

Washington

Toll-Free: (866) END-HARM (866-363-4276)

Toll-Free: (800) 562-5624

TTY: (800) 624-6186

<http://www1.dshs.wa.gov/ca/safety/abuseReport.asp?2>

West Virginia

Toll-Free: (800) 352-6513

[http://www.wvdhhr.org/bcf/children\\_adult/cps/report.asp](http://www.wvdhhr.org/bcf/children_adult/cps/report.asp)external link

Wisconsin

<http://dcf.wisconsin.gov/children/CPS/cpswimap.HTM>

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

Wyoming

<https://sites.google.com/a/wyo.gov/dfsweb/social-services/child-protective-services>external link

Click on the website above for information on reporting or call Childhelp® (800-422-4453) for assistance.

U.S. Department of Health and Human Services Administration for  
Children and Families Administration on Children, Youth and Families  
Children's Bureau



Child Welfare Information Gateway  
Children's Bureau/ACYF  
1250 Maryland Avenue, SW  
Eighth Floor  
Washington, DC 20024  
800.394.3366  
Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)

### APPENDIX C3

#### YOUTH SIGN IN/SIGN OUT POLICY

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

- . The chapter shall maintain and use a 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.
- . 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.
- . 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 initialed 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.
- . **Failure to pick up your child at the conclusion of a session or activity will result in contact being made with the local police department and/or child protective services.**
- . 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.

**Parent/Guardian (Signature):**

**Youth Participant Name:**

## APPENDIX C4

### **INTERNET USE POLICY**

#### **1. Purpose**

This policy relates to the use of computers or Internet access through, during, or as part of any Delta Sigma Theta Sorority, Incorporated (“DST”) Youth Initiative Program (“Program”) or sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet; from making undesirable contacts over the Internet; and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber-bullying. The focus of the policy is on both personal and shared responsibility.

#### **2. Definitions and Illustrative Examples**

##### **A. Examples of Prohibited Materials**

- Pornographic images or obscene images or text on Internet web sites.
- Material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous or otherwise offensive language on web sites or in e-mail messages.
- Racist, exploitative or illegal material or messages on web sites or in e-mail.

##### **B. Examples of Prohibited Contacts**

- Responding to e-mail messages or solicitations (through advertisements or web postings) from unknown or unverified parties who seek to establish a youth’s identity and/or to communicate with the youth for any purpose;
- Initiating contact with unknown or unverified parties or parties seeking contact youth for any purposes.

##### **C. Examples of Prohibited Use**

- Deliberately searching for and accessing prohibited materials;
- Creating and transmitting e-mail messages that contain unacceptable language or content such as that listed above in 2A, bullet 2; and
- Creating and publishing Internet materials that contain unacceptable language and content.

##### **D. Examples of Cyber-bullying**

Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings which has the effect of :

- Physically, emotionally or mentally harming an individual;
- Placing an individual in reasonable fear of physical, emotional or mental harm;
- Placing an individual in reasonable fear of damage to or loss of personal property; or
- Creating an intimidating or hostile environment that substantially interferes with an individual's educational opportunities.

### **3. Unintentional Exposure of Youth to Prohibited Materials on the Internet**

It is Delta's policy that Chapters must undertake every reasonable step to prevent exposure of youth participants to undesirable materials on the Internet. It is recognized that this can happen not only through the youth deliberately searching for such materials, but also unintentionally when a justifiable Internet search yields unexpected results.

To prevent such occurrences the chapter shall adopt the following practices:

- A. Chapters should use an Internet Provider or software that blocks access by:
  - Filtering sites by a grading process, and
  - Filtering sites by language content and prohibit sites with unacceptable vocabulary.
- B. Chapters must strictly supervise Internet usage:
  - Adults must strictly supervise youth participant's Internet activity, and there should be no searching of the Internet without a supervisor checking periodically during use and reviewing the sites accessed after a youth logs off;
  - Install appropriate language filtering software (*e.g.*, Net Nanny).

### **4. Intentional Access of Prohibited Materials by Youth**

Chapter shall explain clearly and firmly to the youth that they are prohibited from intentionally accessing prohibited material on the Internet. The youth also must be informed that if she/he violates this policy, she/he will be disciplined and her/his parents or guardian will be notified. Chapters must follow through with disciplining the youth and notifying the parents or guardian.

### **5. Deliberate Access to Prohibited Materials by Adults**

Adults are prohibited from deliberately accessing prohibited materials. Any adult who violates this policy will be terminated as a volunteer.

## 6. Receipt and transmission of e-mails by youth

It is recognized that, even with training and supervision, youth may receive or transmit e-mail messages that contain unacceptable (or even prohibited) language or content. It is also recognized that some people may try to use e-mail to identify and contact children for unacceptable reasons.

To avoid these problems, Chapters should adopt the following practices:

- A. Use an Internet e-mail service that guarantees the bona-fide nature of e-mail communicants and that vets youth's e-mail for undesirable content.
- B. Depending on the circumstances and the age or maturity of the youth, allow youth to read e-mail messages only when an adult is present or when the messages have been previewed by an adult.
- C. Take steps to verify the identity of anyone seeking to establish regular e-mail communications with youth.
- D. Allow youth to send e-mail messages only when the contents have been approved by an adult.

If staff or volunteers believe that youth have been targeted with e-mail messages by parties with criminal or inappropriate intent, **immediately take the following steps**: retain the messages; record the incident by completing the Risk Management Incident Report form; inform the youth's parents; report the incident to law enforcement or other local or state authorities, and report the incident to the Chapter president and the Regional Director.

## 7. Publishing Materials on the Internet

No materials, whether created by volunteers or youth participants, that contain any prohibited images, language, or content shall be published on the Internet. Infringement of this rule shall result in disciplinary action.

No materials shall be published on the Internet that reveals the identity of any youth.

## 8. Use of Delta's Internet by Visitors and Guests

No visitor or guest shall be allowed to use any Delta computer.

## 9. Intellectual Property Rights

- A. Delta's Intellectual Property. No individual member owns any of Delta's intellectual property (which includes any Delta logo, word(s), or phrase(s) commonly associated with, and understood to refer to, Delta, and the "look" of any Mark used to distinguish merchandise and service as being associated with

or related to Delta. Thus, no member is authorized to use such property for any inappropriate or any commercial purpose (*i.e.*, to make money from using the property or to promote other causes), or to authorize any third party to use Delta's intellectual property for **any** purpose. *See* Delta's Code of Conduct; Social Media Guidelines, and Primer on the Use of the Intellectual Property of Delta Sigma Theta Sorority, Incorporated.

- B. Third Parties' Intellectual Property Rights.** All materials on the Internet are copyrighted and/or trademarked unless copyright has been expressly waived. Delta respects the intellectual property rights (copyright, trademarks, service marks, and related rights) of third party owners Internet materials, and Delta assumes no liability for violations of any intellectual property rights by volunteers or youth participants.

#### **10. Parental Approval of Publication of Photographs or Other Materials**

Chapters may publish photographs of youth participants on the Internet only if the parent or guardian has granted authorization. Depending on the nature and content, other materials may be published so long as the parent or guardian has given written consent. Delta must obtain the signed Photograph, Media, and Video Authorization Form from the Parents/Guardians of a youth before publishing any content that includes images of a youth participant (Appendix B2).

### **Acknowledgment of Receipt**

**Parent/Guardian (Print Name):**

**Parent/Guardian (Signature):**

**Youth Participant Name:**