

TEXAS A&M UNIVERSITY-KINGSVILLE
CAMP & YOUTH OUTREACH PROGRAM

CAF 6

RISK ASSESSMENT FORM

Texas A&M University-Kingsville considers the safety and well-being of all university affiliated camp and youth outreach program participants to be the highest priority. Program sponsors must consider the full impact of all activities conducted during the course of a camp or youth outreach program and must appreciate the responsibilities of the sponsor in taking appropriate measures to reduce or eliminate the potential for exposure of program participants to reasonably foreseeable hazards.

This *Risk Assessment* tool is designed for use by camp and youth outreach program sponsors to assess risk associated with various program activities. This *Risk Assessment* tool cannot encompass all of the possible scenarios for program activities and risks. Therefore, sponsors are called upon to exercise due diligence in designing program activities in such a way as to reflect safety considerations for all participants. Program sponsors are encouraged to obtain assistance from Enterprise Risk Management and/or Environmental Health and Safety as necessary to address questions regarding the design of safe camp and program activities and identify potential hazards or heightened risks before accident or injury occurs.

For information about reserving facilities on campus, please contact the Event Planning Office, Memorial Student Union, Room 220, (361) 593-4173 or at the following link:
<http://www.tamuk.edu/eventplanning>

**Executive Director,
Enterprise Risk Management
Dr. Shane Creel
(361) 593-2237
kursc002@tamuk.edu**

**Manager,
Environmental Health and Safety
Mr. Juan Garza
(361) 593-4131
kajbg00@tamuk.edu**

Please keep this cover page for your information.

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Texas A&M University-Kingsville

CAMP AND YOUTH OUTREACH PROGRAM PLANNING & RISK ASSESSMENT FORM

Name of Camp or Program:	_____
Date(s) of Camp or Program:	_____
Worksheet Prepared by:	_____
Phone Number:	_____
Email address:	_____
<p>Completed form must be submitted 8 weeks prior to the start of the camp/event to:</p> <p style="margin-left: 100px;">Enterprise Risk Management Lewis Hall, Room 133, MSC 221 Phone: (361) 593-2237 kursc002@tamuk.edu</p>	

Please provide further explanation to any question that you feel will be helpful to the reviewer of this worksheet.

A.	GENERAL SAFETY MEASURES			
1.	Is the entire program time scheduled (minimal or no free unsupervised time)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	If there is free unsupervised time, has the program sponsor considered the portion of free unsupervised time participants might have and evaluated this factor's relationship to managing program risk? If YES, please describe unsupervised time: <i>(Attach an additional sheet if necessary)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Has the program sponsor evaluated the ratio of adult program supervisors to program participants (the ratio may differ depending on the activity, but in most instances should be at least 1:10) The camp director shall not be included in the supervisor to camper ratio in camps serving over 50 campers at one time. What is the ratio of supervisors to participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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4.	<p>Have procedures been established for managing the situation if a participant is absent and unaccounted for during program activities (e.g. who should be informed; at what point will University Police Department be advised; when will parents be notified?)</p> <p>Please describe/explain these procedures: <i>(Attach an additional sheet if necessary)</i></p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	<p>In situations when groups of student participants bring their own adult counselor or supervisor (example: coaches, drill team advisors, guidance counselors), have provisions been made to brief these individuals on safety, program established expectations, camp/program rules or other provisions?</p> <p>If YES, who are these counselors/supervisors and what will be their role?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	<p>Will participants be briefed on expectations with regard to conduct rules and expectations (e.g. bullying, horseplay, pranks, safety rules, curfew, university rules, camp rules, etc.)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	<p>Will participants be provided information on who to contact if they have an emergency?</p> <p>If yes, who is the designated emergency contact for the camp?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	<p>Has the program sponsor/coordinator/director designed or redesigned any elements of the program /activities to minimize acceleration of competition into conflict and/or fighting?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Background Checks			
	<p>a. The camp or program is making provisions to comply with the requirement that criminal conviction and sex offender background checks must be conducted on all individuals hired or assigned to employee or volunteer positions involving contact with minors at a camp or youth enrichment program prior to the start of the camp.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. If the camp or program includes counselors, staff, volunteers, etc. from a school district or other agency that may have previously performed a background check on those individuals within the past 12 months, will the program sponsor either obtain documentation that the background checks were done or have university background checks completed?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	Child Protection Training			
	<p>a. The camp is making provisions to comply with the requirement that all individuals hired or assigned to employee or volunteer positions involving contact with minors at a camp or youth enrichment program complete the state-mandated Child Protection Training prior to the start of the camp.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. If the camp or program includes counselors, staff, volunteers, etc. from a school district or other agency, the camp/program will make provisions to obtain the needed documentation to verify that those individuals already have the state-mandated training or have those individuals complete TAMUK's online training module.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<p>c. The camp /program has developed staff procedures to provide a safe, nurturing environment for minors to include but is not limited to the following elements:</p> <ol style="list-style-type: none"> 1) Procedures on reporting suspected abuse/molestation of minors; 2) Review with staff what constitutes abuse and/or neglect of a minor; 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	<p>3) Prohibition of communication, including by social media, between minors and counselors outside of official communications of the camp / program for minors;</p> <p>4) Written communication to staff / volunteers of their supervisory /oversight roles.</p> <p>5) Standards for handling minors with special needs;</p>			
B.	ADMINISTRATIVE PROGRAM PRACTICES			
1.	Staffing			
	<p>a. A dedicated camp director has been appointed for the camp /program including third-party camps using university facilities.</p> <p>The camp / program director is</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. Job duty description(s) have been developed and are attached for each position involved in the operation of the camp / program.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>c. The camp / program is being staffed in accordance with the published minor to counselor ratio for day and overnight camps / programs for minors (1 to 10).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Sale of merchandise			
	<p>a. Will the camp or program sell merchandise or other items during the event?</p> <p>If "YES" please describe the items and the location of sale:</p> <p>NOTE: TAMUK sales and solicitation guidelines must be followed at all times. Documentation must be submitted with this application confirming that approval has been obtained from the appropriate area; the Business Office for handling money. PRIOR approval must be obtained from the Student Union and ARAMARK Food Service for the sale of food items.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. Will the camp or program be using a TAMUK logo in association with the items to be sold or furnished to the participants?</p> <p>NOTE: TAMUK has guidelines about use of the University logo. If yes, documentation must be submitted with this form confirming that Marketing & Communications Office has approved all artwork on the merchandise PRIOR to the sale of the item(s).</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	<p>Waivers and Releases</p> <p>All participants (or their parents as applicable) are required to sign CAF 7 – Camp Program Participant Waiver, Indemnification and Medical Treatment Authorization Form</p> <p>NOTE: It will be the camp / program administrator 's responsibility to collect and retain the signed forms. 3rd Party groups must provide copies of all signed waivers to Enterprise Risk Management at the start of the camp / program.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Budgeting			
	<p>a. Has any type of cost analysis been conducted for the camp/program?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. Is the camp/event profitable for your department and the university?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>c. Is a copy of the budget for the camp or youth outreach program (CAF 3) attached?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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5.	<p>Camp Fee Collection and Deposit</p> <p>a. Is there a registration fee associated with the camp/event?</p> <p>If "YES" what is the amount of the fee per participant?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. Who and how will the registration fee be collected?			<input type="checkbox"/> N/A
	c. The camp / program administrator has met with the TAMUK Business Office for Discussion of the proper collecting, receipting and depositing of fees / camp funds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C.	<p>PROGRAM ACTIVITIES</p> <p>The remainder of this Risk Assessment Worksheet should be completed in the context of your program activities.</p>			
1.	<p>Are recreational events or activities that involve physical activity included in this program? (Examples: running, jumping, swimming, climbing at heights greater than six (6) feet, lifting contact or field competition sports, use of Rec. Center facilities, etc.)</p> <p>If YES, please list. (<i>Attach an additional sheet if necessary</i>)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	<p>Use of Tools</p> <p>a. Do any of the activities for this program involve the operation of hand or power tools, saws, Exacto knives, drills, scissors, or scalpels, etc.?</p> <p>If YES, continue answering Questions 2b-2d. If NO, skip to Question 3A.</p> <p>What tools will be used?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. Has the program sponsor arranged for review of the safe use, proper handling, and supervision of participants engaged in use of such devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. Is the equipment in proper working condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d. Is activity-appropriate safety equipment (such as, but not limited to, safety goggles) provided to all individuals participating in the activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	<p>Use of Firearms or Weapons</p> <p>a. Will any activity of this program involve participant use of, or access to, firearms, bows, arrows or pressurized projectiles?</p> <p>If YES, continue through Question 3i. If NO, skip to Question 4A</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. What types of firearms or weapons are being used for the activity?			

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	c. Has the equipment been inspected to ensure proper working condition? When was the equipment last inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d. Is there safety features involved with the equipment? Please describe the safety features:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e. Are the safety features in proper working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	f. Will instruction on the safe use or handling of the equipment be provided to supervisors participants? Who will provide the instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	g. Does the equipment require demonstrations or training on use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	h. Has the program sponsor arranged for adequate adult supervision during the use or handling of this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	i. Have measures been taken to restrict access to this equipment when it is not in use? Please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Use of Chemicals or Gases			
	a. Will any activity involve the use of chemicals or ignitable or noxious gases? If YES, please list what will be used:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. If YES, is specific training regarding the safe use of these materials being provided to participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	Swimming and Water Sports			
	a. Will any activity involve water activities (diving, swimming, scuba, or wading)? If YES, continue through Questions 5b-5l. If NO, skip to Section D. Housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. Please describe the water activity: Where will activity take place?			
	c. If diving, swimming, or scuba diving will certified lifeguards be on duty at the immediate location where the water activity is going to take place? Approximately how high are the diving boards/platforms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d. Will there be adequate adult supervision in and around the water during the activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	e. Will there be an assessment of swimming skill proficiency of participants in relation to the type of water activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	f. Is the person conducting swimming skill proficiency assessments qualified to make the proficiency determinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	g. Will participants be asked if they can swim and will the lifeguard be notified of non-swimmers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	h. Is the location selected for the water sport activities one that is void of known hazards such as undertow, rip tides, or a location that is not historically frequented by sea predators (e.g. sharks) or other dangerous sea creatures (man of war, jellyfish, stingrays etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	i. Will a "buddy system" be utilized to ensure that participants do not enter the water alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	j. Has consideration been given to the time of day and the availability of daylight for these water activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	k. Will participants be provided a review of safety instructions appropriate for the water activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	l. Are alternative activities (instead of swimming) planned in the event of bad weather? Please describe alternate activities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
D.	HOUSING			
1.	Will camp / program participants be housed overnight? If YES, continue through Question D16. If NO, skip to Section E. Transportation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Will participants be housed on campus in the University residence halls? Which residence Hall(s)? If not in a residence hall, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Has appropriate consideration been given to the restriction of access to the participant housing area by non-participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Will participants be provided instruction on security, loss prevention, and other housing related safety and security issues? When and how?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Will participants be oriented on exit locations to use in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Will participants be instructed on emergency exit procedures, common meeting or reporting areas in the event of a building evacuation? When?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Has consideration been given to determining an appropriate number of participants assigned to an established sleeping area/space? How are room assignments going to be made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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8.	Has consideration been given to the provision of adequate and proper housing supervision by camp/program staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	Are background checks being conducted on adults who will share housing facilities with participants (including adults in homes/dorms that will host participants overnight)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.	Will a curfew be established and communicated to participants? What is the curfew?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11.	Is there a process by camp/program staff to determine if all participants have been accounted for at curfew, lights out, or other determined points in the day or evening to insure participants are present or accounted for? Please describe the process:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	Have procedures been established for managing the situation if a participant is absent and unaccounted for at the housing area (e.g. who should be informed; at what point should the University Police Department be contacted; when will parents be notified?) Please describe the procedures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13.	Will participants be provided information on who to see or contact if they have an emergency while at the housing area? Who will be the designated camp/program contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.	Will participants be briefed on expectations with regard to conduct (e.g. bullying, horseplay, pranks, etc.) while they are staying overnight at the housing facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15.	Will participants be briefed on safety provisions specific to the facility in which they are housed (Example: prohibitions to sitting in windows, on ledges, and railing of high-rise buildings)? Please describe safety provisions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	To be considered in cases where University programs contract with entities not affiliated with Texas A&M University-Kingsville to house participants / host activities on non-University property. Has the sponsor requested in the contract with the facility that the facility agents conduct a safety inspection of the facility to confirm that the property and any equipment that will be used in relation to program activities, are in safe operable condition during the time that the event and/or participants will be hosted at that facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E.	TRANSPORTATION			
1.	Will participants be transported by camp/program staff at any time? If YES, continue through Question E18. If NO, skip to Section F. Charter Services.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Describe when the camp / program participants will be transported: a. Beginning of program: b. During the camp / program c. End of the program:			

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3.	If participants will be transported by the program in vehicles <u>other than</u> University-owned vehicles:			
	a. Has the program sponsor determined that the vehicles are reasonably sound and reasonably capable of safely completing the trip AND has a current state inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. Has the program sponsor obtained evidence of insurance on the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. Has the program sponsor considered the insurance coverage amounts in relation to the participants transported by the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Although camp and/or youth outreach program participants are not considered "University Students", the University Student Travel Procedures are good references for planning camp or enrichment program field trips. Has the program sponsor reviewed the following links? http://www.tamuk.edu/dean/travelprocedures.html	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Will participants be transported over twenty-five (25) miles from the general program activity site in relation to the program? From where are the participants being transported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	If transporting participants more than twenty-five (25) miles from the main meeting location or program activity location, has the program sponsor arranged for weather conditions to be reviewed prior to the initiation of travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	If transporting participants, has the program sponsor reviewed Student Travel Procedures prior to transporting the participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Have/will all camp /program drivers undergo required verification of a good driver record in the past 12 months? (Verification will be based upon a Motor Vehicle Records check by the University Police Department; Please allow sufficient lead time to complete this).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	When multiple vehicles are used to transport participants (either to and from the program, or during the program), do all drivers know the destination location and be provided individual driving directions? What form of communication will each driver be equipped with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	Will drivers be briefed on anticipated driving or traffic conditions in relation to transporting participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11.	Have safety considerations been discussed with all drivers (Example: Entering and exiting traffic while driving in caravans, roadside and emergency stopping, communication provisions, separation contingency plans, automotive problems or flat tires)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	Does the program sponsor know whom to call in the event of a vehicle breakdown or automobile accident (in rental vehicles or personal vehicles)? Who is the designated contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13.	Will drivers be instructed on what to do in the event of an automotive accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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14.	If traveling outside the Texas A&M University-Kingsville area, has the program sponsor obtained Texas roadside emergency assistance telephone numbers for the areas in which the program will be traveling? <u>Texas Roadside Assistance: (800) 525-5555</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15.	Will the program sponsor have in his/her possession numbers to contact parents or guardians of participants in the event that it becomes necessary to do so while away from the main program activity site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.	Will the program sponsor have in his/her possession other contact numbers that may be relevant in the event of an emergency that occurs while traveling (e.g. University Police Department, the head of the sponsoring department, the program sponsor if not accompanying the group on the trip)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17.	Has the program sponsor assessed the appropriate loading and unloading sites for the buses, vans, and/or cars to avoid participant loading/unloading in or around traffic? Where will the participants be loaded /unloaded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18.	Will a First Aid kit be present in the vehicles used for transporting participants? (An Emergency Kit can be checked out in advance from Physical Plant)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
F.	CHARTER SERVICES			
1.	Will this camp or program use chartered transportation services of any kind (buses, boats, airplanes, etc.)? [Note: Chartered service is defined as services secured to transport participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.] If YES , continue through F6. If NO , skip to Section G. First Aid NAME OF CHARTER SERVICE:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Has or will the program sponsor confirm(ed) with the charter service that the charter service maintains appropriate certifications and is certified according to the mode of transportation and that the certificates or licenses are up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Has or will the program sponsor confirm(ed) that the charter services carries liability insurance and that the policy is current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Has the program sponsor considered arrangements for communicating proper safety measures to participants prior to loading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Does the program sponsor have enough information about the business practices and safety records of the charter service to maintain reasonable confidence in the ability of the company to deliver quality and safe service to program participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	For boat charters, has or will the program sponsor confirm(ed) the availability of appropriately size life jackets for all program participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
G.	FIRST AID TRAINING			

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1.	FIRST AID - It is required that either a , b , or c be answered YES. If not, an adequate explanation is required on c. On c, listing only that the emergency medical facility will be utilized or that it was notified is not sufficient.			
	<p>a. Program sponsors plan to provide first aid training to staff. If YES, check those that apply:</p> <p><input type="checkbox"/> Classroom instruction</p> <p><input type="checkbox"/> Video instruction</p> <p><input type="checkbox"/> Web-based instruction</p> <p><input type="checkbox"/> Literature review</p> <p><input type="checkbox"/> Other (please explain)</p> <p>When and where will the training take place?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>b. Will individuals with first aid or other medical training (may include police or security forces) be present (in the actual vicinity of program activities) during program activities?</p> <p>Who are these individuals?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<p>c. If none of the above, please provide an explanation of how first aid will be administered for the camp or program (attach additional pages if necessary).</p>			
2.	<p>Will a First Aid Kit be provided within immediate proximity of the camp or program activities?</p> <p>If YES, has the program sponsor considered which first aid kit items are most appropriate for the contents of the First Aid Kit according to the activities of the program?</p> <p>If NO, please explain</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Has or will the program sponsor inspect the contents of the First Aid Kit to ensure that used, dated, or damaged items have been replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
H.	OTHER HEALTH & SAFETY PROCEDURES			
1.	For strenuous outside activity, will counselors or program staff be provided information on recognition of and treatment of heat exhaustion or heat stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	For strenuous outside activity, will heat exhaustion preventative measures be taken? (Ex. The provision of cool drinks and frequent encouragement or reminder to consume them, breaks or rest periods from extended periods of physical activity, staffers alert for the symptoms of the onset of heat exhaustion or physical distress)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Will the program sponsor/coordinator/director collect information from participants regarding special medical considerations (such as food allergies, insect stings or bites, allergic reactions, activity restrictions, injuries sustained prior to camp or program participation that might be aggravated or re-injured while participating in program activities, possession or use of prescription medication, allergic reactions to medications)? * [Note: For competitive applicants or limited enrollments, this information should be collected only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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	after selection is made for participants] *			
4.	Will the program sponsor provide for the appropriate security of sensitive medical Information as required by HIPPA if there are participants attending the program that do have special medical considerations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Is there a process in place to ensure that restrictions are appropriately applied (e.g. providing alternative foods and other preventative measures are taken to avoid exposure when allergies and ensuring that arrangements are made to prevent specific contacts in the case of severe allergies)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Who will be responsible for the participants' medication?			
7.	In cases where medication needs to be dispensed to participants, has the program sponsor considered issues related to securing the medication, scheduling dispensation, refrigeration, or storage needs, and return of the medication to the participants or parents at the end of the session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I.	FOOD SERVICE University procedures regulate the serving of food on campus. ARAMARK Food Service must be contracted to cater all meals served only in buildings where a food service location operates and/or a Food Waiver permitting alternate arrangements is approved in advance. In addition, some campus facilities restrict or do not permit the serving of food. Camp/program planners are responsible for verifying that all food service arrangements are in compliance with university procedures.			
1.	Will your camp/event provide meals to its participants? If "YES" Check all that apply: <input type="checkbox"/> We will use ARAMARK Food Service to serve all meals and/or snacks. <input type="checkbox"/> We will use ARAMARK Food Service to serve meals only. <input type="checkbox"/> We will be requesting a Food Waiver to serve meals and snacks from another source. <input type="checkbox"/> We will be requesting a Food Waiver to serve snacks from another source. <input type="checkbox"/> Other Explanation: Note: Food Waivers are granted on a case by case basis. Do not make definite food service arrangements until you have received an official determination of your food waiver request. Contact Student Activities Office for the necessary forms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	In cases where programs will prepare and/or serve their own foods, have plans been made to proper storage or transportation temperatures, proper sanitation, and food handling? Where will the food be stored? Who will be handling the food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I have completed or reviewed the Texas A&M University-Kingsville Risk Assessment Form and certify that the answers given are accurate. I have also given consideration of the contents of this Risk Assessment Form to the camp or enrichment program for which I am the sponsor.

 Printed Name of Sponsor

Signature of Sponsor

Date