

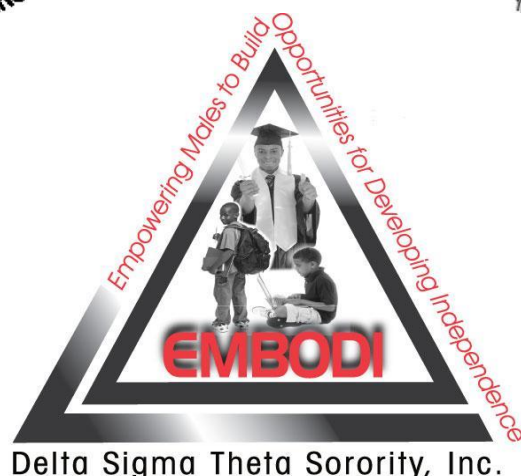


# DELTA SIGMA THETA SORORITY, INC.

Tri-County (MD) Alumnae Chapter (TCMDAC)

TCMDAC YOUTH PROGRAMS

APPLICATION PACKET



All applications should be postmarked on or before **September 30, 2018**

**PLEASE RETURN THE COMPLETED APPLICATION PACKET TO:**

Tri-County (MD) Alumnae Chapter, Delta Sigma Theta Sorority, Inc., P.O. Box 1956, Leonardtown, MD 20650

**Attention: TCMDAC Youth Programs**

Or

EMAIL TO: [tcmdac@gmail.com](mailto:tcmdac@gmail.com)

*Please indicate the TCMDAC Youth Program for which you are applying by marking the appropriate box.*

☐ **Delta Academy**

☐ **Delta GEMS**

☐ **EMBODI**

**PROGRAM YEAR 2018-2019**

**Student Application Package Contents**

**TCMDAC Youth Programs Overview – Pages 2-3**

**Student Application Form - Pages 4-7**

<http://www.dsttricitymd.org>

**TCMDAC Voice Mailbox: 301.684.3993**



**Delta Sigma Theta Sorority, Inc.** is a private, non-profit organization whose purpose is to provide assistance and support through established programs in local communities throughout the world. Twenty-two students at Howard University founded the sorority in 1913. These young women wanted to use their collective strength to promote academic excellence, provide scholarships, support the underserved, educate and stimulate the establishment of positive public policy, and to highlight issues and provide solutions for problems in their community. A sisterhood of more than 200,000 predominately Black college-educated women, the Sorority currently has over 900 chapters located in the United States, England, Japan, Germany, Bermuda, the Virgin Islands, the Bahamas and the Republic of Korea. The major programs of the sorority are based upon the organization's Five Point Programmatic Thrust.

**The Tri-County (MD) Alumnae Chapter** was chartered in March 2011 to enrich, impact, and serve the communities of Calvert, Charles and St. Mary's Counties and provides an array of public service programs and projects. Our programs are guided by the needs of our local community and by the Sorority's Five-Point Programmatic Thrust.



**The Dr. Betty Shabazz Delta Academy** is a national initiative of Delta Sigma Theta Sorority, Inc. The Delta Academy is named for the outstanding and accomplished widow of Malcolm X, a registered nurse who ultimately earned a doctorate degree in higher education administration and curriculum development. The Delta Academy was created out of an urgent sense that bold action is needed to address the issues confronting our young females, such as academic failure and low self-esteem. The symbol for the Delta Academy is the Dream Catcher. A Dream Catcher, from Native American culture, is believed to possess the power to capture bad dreams, entangling them in the catcher's web, thus allowing only good dreams to pass through and into the person's being. The Delta Academy is a dream catcher! It helps its members recognize, receive and plan for reaching their dreams. Through the program, the young ladies learn to make their dreams a part of their being and a foundation for their future.

The **goals of the Delta Academy** are achieved through challenging and fun activities, field trips, and other special incentives. Particular emphasis is placed on math, science, technology, self-esteem, non-traditional careers, community service, learning skills, and leadership development. The Delta Academy, specially designed for young ladies 11 – 14 years of age, will provide scholarship, service activities, and sisterhood enrichment opportunities for young ladies to prepare them for the 21st century and beyond. We are seeking young ladies who are interested in developing their leadership skills, in exploring career opportunities in computers and technology, and in being exposed to new ideas and experiences. All of this will take place in a fun and safe environment. The Delta Academy meets on the third or fourth Saturday of each month. Dates may fluctuate depending upon holidays and special program activities. If you have questions regarding the Delta Academy, contact Tri-County Maryland Alumnae Chapter at [tcmdac@gmail.com](mailto:tcmdac@gmail.com).



The **Dr. Jeanne L. Noble Delta GEMS Institute** honors the 12th National President of Delta Sigma Theta Sorority, Inc. Dr. Noble was a legendary pioneer in the field of education and social action. The Delta GEMS Institute focuses on teenage girls between the ages of 14 and 18. During Dr. Noble's tenure as National President, the sorority shaped its purpose and identity as a public service organization. Dr. Noble stressed the need for women to become increasingly less social and more social action oriented. Highly respected as a master teacher, lecturer, research scholar, writer and consultant, Dr. Noble held the distinction of being the first Black woman to move through a tenured track from assistant to full professor at a predominately white university, New York University. She was appointed by United States Presidents Lyndon Johnson, Richard Nixon and Gerald Ford to serve on various National Commissions. The Delta GEMS Institute is a continuum of services that address the needs of young African American women in grades 9 through 12 with a framework for the participants to discover and understand their individual brilliance by embracing the GEMS theme: ***Growing and Empowering Myself Successfully***.

The **goals of the Delta GEMS** are to instill the desire for academic excellence; to provide tools that enable girls to sharpen and enhance their academic skills; to assist girls in goal setting and planning for their futures in high school and beyond; to create compassionate, caring, and community minded young women; and to actively involve them in service advocacy and community service opportunities. The Delta GEMS meet the third or fourth Saturday of the month beginning in October. Dates may fluctuate depending upon holidays and special program activities. If you have questions regarding the Delta GEMS program, contact Tri-County Maryland Alumnae Chapter at [tcmdac@gmail.com](mailto:tcmdac@gmail.com).



**EMBODI** is a national initiative of the sorority that promotes and provides collaborative efforts to improve the quality of life for African American males, ages 13-17 in middle to high school, for building opportunities of developing independence. EMBODI program promotes and provides opportunities to improve the quality of life of African American males through a comprehensive approach aimed at developing their overall potential.

**EMBODI** is symbolic of empowering young African American males to immerse themselves in African and African American culture and to see themselves as a person of great worth who can take his place with a life of meaning and accomplishment. The programming focuses on education; culture; family and community; personal, social, and emotional factors; resilience and responsibility; leadership and mentorship; preventative health care and mental health counseling; financial; safety, and protection; conflict resolution and restorative justice; scholarship; and service learning.

If you have questions regarding the EMBODI program, contact Tri-County Maryland Alumnae Chapter at [tcmdac@gmail.com](mailto:tcmdac@gmail.com).

**STUDENT APPLICATION FORM  
2018-2019**

**Program:**   ☐Delta Academy   ☐Delta GEMS   ☐EMBODI

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

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Last Grade Point Average:** \_\_\_\_\_

**Do you have a job during the school year?**   \_\_\_\_\_ YES   \_\_\_\_\_ NO

**If yes, where and how many hours do you work per week?**

**Employer Name:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Student Home Phone:** \_\_\_\_\_

**Student Cell Phone:** \_\_\_\_\_

**Student E-mail Address:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Parent Home Phone:** \_\_\_\_\_

**Parent Cell Phone:** \_\_\_\_\_

**Parent E-mail Address:** \_\_\_\_\_

Please list your favorite school subjects:

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Please list your school involvement including sports, clubs, committees, etc.:

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Please list your community involvement:

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What are your interests (hobbies/talents)?

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What are your current and future goals in high school and beyond?

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What would you hope to gain from being a part of the TCMDAC Youth Program?

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List suggested topics that you would like to discuss this year?

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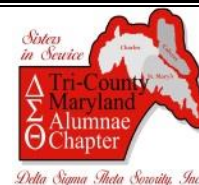
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List activities/trips you would like to participate in this year?

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Describe one or two community service project(s) you would like to participate in, please explain why you would like to do this community service project.

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Are you a previous TCMDAC youth participant? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Have you ever participated in a mentoring program? \_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please give the name of the program(s) \_\_\_\_\_

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How did you hear about the TCMDAC youth program?

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**\*\*Missing 2 or more consecutive meetings will jeopardize your participation in the TCMDAC Youth Program\*\***

By signing below, I hereby verify the above information is accurate.

\_\_\_\_\_  
Student Signature Date

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

**For Official Use Only**

**Date Received:**

**Received By:**

**Date of Notification:**



### **PARENTAL AFFIRMATION**

I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the Tri-County (MD) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of \_\_\_\_\_, Participant/Minor Child, in the Delta Academy, GEMS or EMBODI youth initiative 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 "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 Delta Academy, GEMS or EMBODI 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 Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Release.

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



## **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) 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 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:***

1st 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.

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 (Student)

\_\_\_\_\_  
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 (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **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 Youth Pick-Up policies described above and authorize the Tri-County (MD) Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Tri-County (MD) Alumnae Chapter in writing of any changes to the above list of authorized persons.*

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

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



## MEDICAL INFORMATION FORM

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

### **Health History:**

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

Gender (check one): ☐ Male ☐ Female      Date of Birth (mm/dd/yy): \_\_\_\_\_

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

Does Parent/Guardian live in home with child? ☐ Yes ☐ No

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

Does Parent/Guardian live at home with child? ☐ Yes ☐ No

Is/Has child been under regular supervision of a physician? ☐ Yes ☐ No

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 this youth initiatives program? (check one) ☐ Yes ☐ No

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

\_\_\_\_\_  
\_\_\_\_\_



**MEDICAL INFORMATION FORM**  
**CONTINUED**



Does child have any significant food/medication/environmental allergies that may require emergency medical care at this youth initiatives program? (check one) ☐ Yes ☐ No

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

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

Does child take prescribed medications? ☐ Yes ☐ No

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

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

For any medications or treatment required during the course of the \_\_\_\_\_ (Academy, GEMS, EMBODI) 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 the medications: \_\_\_\_\_

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

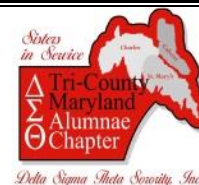
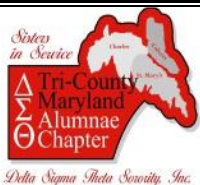
Does child have any allergies? ☐ Yes ☐ No

Specify: \_\_\_\_\_

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.)? ☐ Yes ☐ No

Name the Device(s): \_\_\_\_\_

Reason for use: \_\_\_\_\_



## **EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

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

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Minor's Gender: ☐ Male ☐ Female 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.

☐ Allergies/Sensitivities (be specific)

☐ Foods \_\_\_\_\_

☐ Medicines \_\_\_\_\_

☐ Bee sting or insect bite \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Asthma ☐ Inhaler required at Program

☐ Vision Problems ☐ Glasses ☐ Contacts

☐ Hearing Problems ☐ Hearing Aid(s)

☐ ADD/ADHD ☐ Other \_\_\_\_\_

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

\_\_\_\_\_



## **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 mentor and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child, \_\_\_\_\_  
(insert name).

- ☐ **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., Cepacol 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 \_\_\_\_\_

## **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: \_\_\_\_\_



## **EMERGENCY CONTACT INFORMATION**

Child's Name: \_\_\_\_\_

### **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: \_\_\_\_\_

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

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

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 \_\_\_\_\_



## **MEDICATION AUTHORIZATION FORM**

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

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

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

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

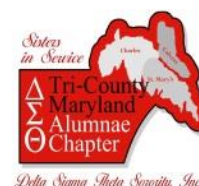
Route of administration: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

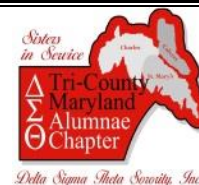
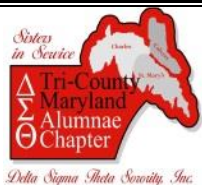


## **PARENTAL PERMISSION FORM** **ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for \_\_\_\_\_ (insert name of student) to take \_\_\_\_\_ (insert name of prescription) 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 the Program's Mentor 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 ("Delta"), 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. TCMDAC requires 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.
2. 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, the Academy, GEMS or EMBODI 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.
3. The original prescription container must accompany all medication to be given at the Academy, GEMS or EMBODI Youth Initiatives Program. Medications should be brought to the Academy, GEMS or EMBODI Youth Initiatives Program by the parent or responsible adult and taken to the designated cabinet/container. 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.
4. If possible, the parent should provide one 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.
5. 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 Academy, GEMS or EMBODI Youth Initiatives Program.
6. 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 consent for the administration of over-the-counter medication is obtained through the emergency forms.
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.



## **PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (Child’s Name), give permission for Tri-County (MD) Alumnae 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 sessions, 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 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.

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

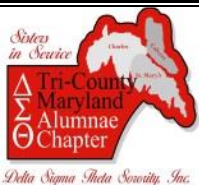


## **DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY**

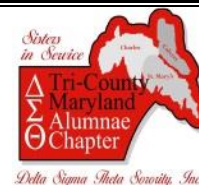
It is the policy of the Tri-County (MD) Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its Delta Academy, GEMS and EMBODI Youth Initiative Program ("Program"). The required sign in/sign out procedures 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 Chapter provide transportation to offsite 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.

**If a parent or guardian wishes to arrange alternative transportation for their child to attend an offsite activity, the youth may join the group at the event or activity, but the Tri-County Maryland Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.**



## **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, Inc. ("Delta") 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; and
- △ Racist, exploitative or illegal material or messages on web sites or in e-mail.

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

- △ Responding to 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 to contact youth for any purpose.

#### **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 the 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 chapter shall adopt the following practices:

#### **A. Chapters should use an Internet Provider or software that blocks access by:**

- Δ Filtering sites by a grading process, and
- Δ Filtering sites by language content and prohibit sites with unacceptable vocabulary.

#### **B. Chapters must strictly supervise Internet usage:**

- Δ 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;
- Δ 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 email 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 reviewed by an adult.

**C.** Take steps to verify the identity of anyone seeking to establish regular e-mail communications with youths.

**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; inform the youth's parents; and report the incident to law enforcement or other local or state authorities.

## **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 the Delta's Internet by Visitors and Guests**

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

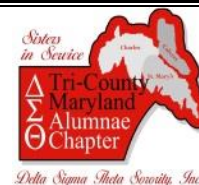
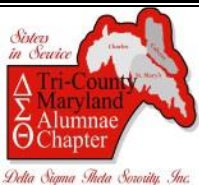
## **9. Intellectual Property Rights**

**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 Property of Delta Sigma Theta Sorority, Inc.

**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, so long as 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.



## **CONFIDENTIALITY POLICY**

It is the policy of the **Tri-County Maryland Alumnae Chapter** (TCMDAC) of Delta Sigma Theta Sorority, Incorporated ("Delta") to protect the confidentiality of its youth participants and their families. Except as provided below, TCMDAC 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 youth initiative programs and to better serve the needs of the youth participants, TCMDAC must collect certain personal information about youth participants and their families, including, but not limited to, the following "Confidential Information":

- Δ Name, address, and age of participant
- Δ School participant attends
- Δ Names and addresses of parents or guardian
- Δ Medications and physical conditions/limitations
- Δ 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:

- Δ 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.
- Δ Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Δ 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.
- Δ Members of TCMDAC 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 TCMDAC 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 TCMDAC, 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.