Programs Involving Minors in University-Approved Activities

Information Sheet

Rice or Student Organization Sponsor: ___________________________________

Your Name (First, Last): ___________________________________

Your email: ___________________________________

Telephone number: ___________________________________

Name of Program: ___________________________________

Program Description: ___________________________________________________________________

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

_____________________________________________________________________________________  

Describe interaction Rice employees or Rice students will be having with minors: __________________________________________ 

Type of Program: ___________________________________

Frequency of Program: ___________________________________

Location of Event: ___________________________________

One-time event: ___________________________________

Date of Event: ___________________________________

If regularly occurring please describe frequency: _____________________________________________ 

Duration of program: ___________________________________

Destination (Include all if multiple with corresponding dates): ___________________________________
Number of Rice students participating in this program if applicable: _____________________________

Number of minors participating in this program: ________________________________

Will a Rice University Faculty or Staff member be in attendance: ________________________________

Is the visit or tour affiliated with a school or other organization that has responsibility for the minor?
_____________________________________________________________________________________
_____________________________________________________________________________________

Describe your emergency action plan in the event of an emergency with a minor: __________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

In case of an emergency, list the names and email addresses of the coordinators who will be contacted:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Send copies of the completed forms to:

Risk Management, MS-670
rab@rice.edu
arobledo@rice.edu