



Delta GEMS

**Delta Sigma Theta Sorority, Inc.
Dillon-Marion County Alumnae Chapter**

Post Office Box 1455
Marion, SC 29571
deltagemsacademydmca@gmail.com

Membership Application Packet

No Hand Delivered Application Packets Will Be Accepted



Dear Delta GEMS applicant:

Thank you for your interest in being a part of this organization in which young ladies have the opportunity to Grow and Empower Themselves Successfully (GEMS). Under the leadership of the women of the Dillon-Marion County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, the Delta GEMS will develop their leadership skills, obtain assistance in actively pursuing higher education, develop healthy lifestyles, and gain a better understanding of what it means to serve in their communities.

Membership in Delta GEMS means accepting the challenge to promote and engage in activities that will better each participant and her community. You will grow together, learn together, and succeed together.

Please review the contents of this application and submit your completed packet with all required documents to the email address:

deltagemsacademydmca@gmail.com

***Membership Application and ALL required documents must be submitted together in one email by: March 21, 2022**

If you have questions, please feel free to contact us by email at, dillonmarioncoalumnae@gmail.com.

Sincerely,

Quinita Bright
Quinita Bright, Chair

Chantel McNeil
Chantel McNeil, Co-Chair

Delta G.E.M.S. Academy
Dillon Marion County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated

About Delta GEMS: A Vision of Delta Sigma Theta Sorority, Inc.

Twenty-two collegiate women at Howard University founded Delta Sigma Theta Sorority on January 13, 1913. These students wanted to use their collective strength to promote academic excellence and to provide assistance to persons in need. The first public service act performed by the Delta founders involved their participation in the Women's Suffrage march in Washington, D.C., March 1913 (www.deltasigmatheta.org).

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.

Delta GEMS (Growing and Empowering Myself Successfully) was established in the summer of 2005 by Delta Sigma Theta's National Programming and Development Committee. **Delta GEMS** is designed to provide young ladies with the necessary knowledge and skills to become successful individuals in senior high school, college, and within their communities.

Under the guidance of the Dillon-Marion County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, the **Delta GEMS** program will follow an established curriculum set forth by the National Committee. The Five Principles of **Delta GEMS** are:

- * Scholarship (Academic Excellence)
- * Sisterhood (Self Esteem, Health Awareness & Leadership)
- * Show Me the Money (Financial Awareness)
- * Service (Social Responsibility Obtained Through Community Service)
- * Infinitely Complete

...And will be taught through various forms of program development with participation in activities, seminars, and other events.

Delta GEMS (Growing and Empowering Myself Successfully) is a signature program of Delta Sigma Theta Sorority, Inc. It provides the framework to actualize the dreams of high school-aged African American young ladies through the performance of specific tasks, and the development of a "can do" attitude. Delta GEMS use the polished jewels as a symbol of the many facets that shine and glow within our young African American young ladies. The program can be viewed as a road map for college and career planning, and will instill in young ladies the need to excel academically. Delta GEMS will assist in proper goal setting and planning for life after high school. The program will create compassionate, caring and community minded young ladies by actively involving them in academic, social and community service opportunities.

ELIGIBILITY & PARTICIPATION REQUIREMENTS AND EXPECTATIONS

SCHOOL ENROLLMENT

Participants must be enrolled in high school to remain eligible for Delta GEMS. Those persons who are “home schooled” are allowed to participate provided that they are in a legitimate home school program.

MEETING REQUIREMENTS

Delta GEMS are required to attend monthly meetings that are held last Saturday of every month. GEMS are expected to attend at least 80% of meetings.

COMMUNITY SERVICE

We encourage all Delta GEMS to participate in community service throughout the program. Several opportunities to volunteer will be available throughout the year and Delta GEMS will be invited to all appropriate activities. Activities might include, but are not limited to, benefit walks, reading to children, support and/or assistance to the elderly, feeding the hungry, and other approved activities.

SOCIAL ACTION

Neither Delta Sigma Theta Sorority, Inc. nor Delta GEMS are affiliated with any political party. However, participants will learn the importance of active involvement in decisions that affect them and their communities.

ATTENDANCE & PARTICIPATION EXPECTATIONS

The success and effectiveness of the program is based on the attendance of all the Delta GEMS. As such, attendance at the welcome ceremony and all Saturday meetings is an expected requirement. All participants must attend 80% + of the scheduled meetings each year (or 6). The Delta GEMS committee understands that family obligations, extracurricular activities, school requirements, and unforeseen circumstances may occur. Consequently, up to 20% or approximately 2 absences may be excused. Continued participation in the program is contingent upon each participant’s attendance, which will be monitored by the Delta GEMS Sponsors. As soon as a participant is aware that she will be absent, she must immediately contact one of the Delta GEMS Sponsors. Delta GEMS are expected to display enthusiastic and active participation during all activities.

Attention All Applicants and Parents:

Please complete checklist prior to mailing application to confirm that applicant has attached all required documents.

Applicant Name	Application#

Application Requirements	Completed
Application submitted by March 21, 2022	
General Information Form	
Emergency Contact Information	
Medical Information & Permissions	
Administration of Prescription Medication	
Authorizations & Permissions	
Extra-Curricular List	
Personal Essay	
Transcript Attached	
Code of Conduct and Ethics Form Initialed and Signed	
Initialed and signed Parental Commitment	
Letter of Recommendation - School	
Letter of Recommendation - Personal	

General Information

APPLICANT INFORMATION

Last Name		First Name, Middle Initial		Age		Date of Birth (DD/MM/YYYY)	
Street Address		City		State		Zip	
Home Phone with Area Code		Personal Cell Phone with Area Code		Email Address			
School Name (High School)		City				Current Grade Level	
		<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large					
		T-Shirt Size					

PARENT/GUARDIAN INFORMATION

Last Name		First Name (mother)		Fist Name (father)			
Street Address (if different from applicant's)		City		State		Zip	
Home phone (if different from applicant's)		Cell Phone (mother)		Cell Phone (father)			
Email Address (mother)		Email Address (father)					

Applicant's Last Name	First Name

DIRECTIONS

Give a thorough and detailed list of significant hobbies and extra-curricular activities (school, church and community) in which you have been engaged in a routine or sustained fashion over the last three years. Also, indicate weekly or monthly time commitment to each. If needed, attach an additional sheet. Use a 12 pt Time New Roman font with 1 inch margins on all sides. Add extra pages as needed.

	Name of Hobby or Activity	Organization with which it is affiliated	Start Year/End Year	Time Commitment
Example	Girl Scouts of America	Trope 1234, ABC Church	2005-Current	3 hours/week
1				
2				
3				
4				
5				
6				
7				
8				
9				



Application
Recommendation Form #1

I, _____, request that you
First name of applicant
Last name of applicant

complete this recommendation form, a requirement to fulfill my application packet for the 2022 Delta GEMS Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS program.

Signature of Applicant			Date
Applicant's Last Name	Applicant's First Name	Applicant's Middle Initial	
Applicant's Street Address	City	State	Zip

The above student has applied to participate in the Dillon – Marion County Alumnae Chapter Delta GEMS Program. The selection committee is seeking an honest, clear appraisal of the applicant's qualifications. The applicant's demonstrated academic ability, scholarship, leadership, character, and other pertinent information are welcomed. This recommendation is confidential and will not be seen by the applicant.

Reference's Last Name	Reference's First Name		
Title	Organization	Relationship to Applicant	
Area Code & Telephone Number	Email Address		

Signature

Date

Enclose this form with your recommendation letter



Delta GEMS

Application

Recommendation Form #2

I, _____, request that you
First name of applicant Last name of applicant

complete this recommendation form, a requirement to fulfill my application packet for the 2022 Delta GEMS Program. I understand that by signing this form I waive my right to access this information. However, I am not required to sign this waiver in order to be considered for the Delta GEMS program.

Signature of Applicant			Date
Applicant's Last Name		Applicant's First Name	
Applicant's Street Address		City	State
			Zip

The above student has applied to participate in the Dillon – Marion County Alumnae Chapter Delta GEMS Program. The selection committee is seeking an honest, clear appraisal of the applicant's qualifications. The applicant's demonstrated academic ability, scholarship, leadership, character, and other pertinent information are welcomed. This recommendation is confidential and will not be seen by the applicant.

Reference's Last Name		Reference's First Name	
Title	Organization	Relationship to Applicant	
Area Code & Telephone Number		Email Address	

Signature

Date

Enclose this form with your recommendation letter

**Delta GEM Application Review Check List
(For Internal Use: GEMS Review Committee)**

Applicant Name	Application#
Applicant Address	City/State/Zip
Applicant Email	Applicant Contact Phone #:

Criteria	Check if YES	Notes/Comments
Application submitted by March 21, 2022		
Confirmed Application Number		
General Information Form Completed		
Emergency Information Form Completed		
Authorizations and Permissions Form Completed		
Extra-Curricular List Completed		
Personal Essay Completed		
Code of Conduct and Ethics Form Initialed and Signed		
Initial and signed parental commitment – Initialed and Signed		
Copy of Transcript Received		
Letter of Recommendation - School		
Letter of Recommendation - Personal		
Applicant Recommended for Acceptance		

Application Reviewed by: _____

Date of Review: _____

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) 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^{set} 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.

(Continued on next page)

¹ Cyber-bullying is defined in Appendix C4, which sets out the *Internet Use Policy*.

(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 _____

**Delta Sigma Theta Sorority, Incorporated
Risk Management Manual Forms**

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: _____

Name of Minor: _____ Age: _____

Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Parent/Guardian: (Home) _____ (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 No

Vision Problems: Glasses Contacts

Hearing Problems: Hearing Aid

ADD/ADHD: Yes No

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
Hay Fever	Diabetes	Epilepsy	Whooping Cough
Poliomyelitis	Ten Day-Measles	Three Day-Measles	Rheumatic Fever

List Other Childhood illness(es):

Allergies/Sensitivities (be specific)

Foods:

Medicines:

Bee sting or insect bite:

Other:

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

(Check one) None Yes

If yes, please provide detailed explanation _____

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

(Check one) None Yes

If yes, please provide detailed explanation _____

Specify any other serious or severe illnesses or accidents: _____

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

Does child take prescribed medications? Yes No

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.

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: drops/lozenges or cough suppressant.

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

For sun protection: Sunscreen lotion SPF 30.

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

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 _____

If 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 all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

APPENDIX 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 _____

**Delta Sigma Theta Sorority, Incorporated
Risk Management Manual Forms**

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 always kept in a locked cabinet or locked container. 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.¹
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.

¹A copy of the Medical Treatment Authorization is attached hereto as Appendix B8.

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 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.

**Delta Sigma Theta Sorority, Incorporated
Risk Management Manual Forms**

- 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 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.

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____

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):

APPENDIX A
YOUTH INITIATIVE VIRTUAL MEETING/EVENT
PARTICIPATION AGREEMENT^g

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for Delta Sigma Theta Sorority, Inc. (“the Sorority”) and the Dillon-Marion County Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”, together with the Sorority, “Delta”) to host and facilitate closed virtual meetings/events using Zoom (“the Virtual Meeting Platform”), that my/our child will attend during participation in Delta Gems Academy Youth Initiative Program activities, without payment or any consideration and without notifying me in advance and hereby acknowledge, understand, and agree to the terms enumerated below, including the terms set forth on any Schedules attached hereto and incorporated by reference (the “Participation Agreement”).

I/We also understand that the Virtual Meeting Platform may collect information about its users and has its own privacy terms and conditions to which users must adhere. I/We will be responsible for reviewing the virtual meeting platform’s privacy terms and conditions before registering for virtual meetings/events.

I/We also understand that my/our child will need the following to participate in a virtual meeting platform.

- A computer, mobile, or tablet device with access to the Internet
- A quiet space in which participants can participate in the virtual meeting/event under the supervision of an adult
- Registration for the virtual meeting/event platform and provide some customer data (including but not limited to an email address, first and last name, etc.)

I/We also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any of its officers and members; and the Sorority and any of its officers; National Executive Board; employees; members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity, should there a breach of security of the Virtual Meeting Platform and any subsequent injury, malice, or harm that might occur as a result, and waive and release any and all rights with respect to the same.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and the Sorority; 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 Virtual Meeting Platform as a venue for meetings or events. 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 and content of the virtual meeting/event, 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 p a r e n t s /guardians of _____, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing behalf of my/our child.

I/We have fully read and understand the *Code of Conduct* (attached hereto as **Schedule 1**). I understand that my child’s compliance with the *Code of Conduct* is a condition of her/his participation in the program. I further acknowledge, understand, and agree that the sanctions for violating the *Code of Conduct* are reasonable and should my child be non-complaint, they will be subject to the prescribed disciplinary action.

I/We also give permission for the Chapter and the Sorority to highlight my/our child’s achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images (“Images”) taken of my/our child or provided by my/our child during

participation in the Delta Gems Academy Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as **Schedules 2**).

Participant Acknowledgement (Student Participant)

With my parent/guardian, I have fully read and understand the Participation Agreement. I acknowledge that should I fail to abide to the *Code of Conduct* that my actions will be subject disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Participant Signature

Date

Participant Print Name

Parent/Guardian Acknowledgment

I have fully read and understand the *Participation Agreement*. I also understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name

APPENDIX A – SCHEDULE 1
YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY
CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta’s Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participation agreement indicates your complete understanding and agreement to comply with this Code of Conduct.

Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta’s Virtual Youth Initiative Programs. As a youth participant in Delta’s Virtual Youth Initiative Programs you are expected to:

- **Refrain from use of any profane, foul, hurtful, obscene, or vulgar language** in any virtual chatroom and during the virtual meetings and events.
- **Refrain from engaging in any violence, cyber-bullying⁷, or other aggressive behaviors** that may threaten the welfare of other participants;
- **Refrain from any disruptive behavior that may disrupt the virtual meetings and events.**
- **Be properly groomed and dressed for all virtual youth initiative meetings and events**, refrain from wearing articles of clothing that displays profane or obscene language and/or images.
- **Always keep your camera on during all virtual youth initiative meetings and events.**
- **Provide a noise-free environment while participating in all virtual youth initiative meetings and events.**
- **Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings.**
- **Refrain from taking, presenting, and posting all inappropriate content** including photographs, screen shots, video recordings, and/or screen recordings of any other youth participants of Delta’s youth initiative programs.
- **Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.**

SANCTIONS FOR VIOLATING CODE OF CONDUCT

4. 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.***

5. 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.***

6. 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.

⁷Cyber-bullying is defined in Delta’s *Technology Guidelines* as identified in Footnote 1.

APPENDIX A – SCHEDULE 2
MEDIA & PUBLICATION RELEASE

In accordance with the terms of the Participation Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”). In addition, Delta may use and publicize the name, image, likeness, and any other personal characteristics or other information provided by or related to the Participant that is derived from the filming, recording and photographing of this event for use in Delta videos, photography, articles, as well as any advertising and promotional materials on mediums that may include on-demand, streaming, or other web services, social media platforms, and print news and information outlets, and any other the case may be (the “Publication”).

As specified within the Agreement therein, participant and participant’s parent/guardian (participant and participant’s parent/guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby:

- (i) acknowledges that Participant may be photographed, filmed, or otherwise recorded while on the premises of the event,
- (ii) grants Delta, its successors, assigns and licensees (“Authorized Persons”) irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in any Publication or for any purpose whatsoever in any and all mediums now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit,
- (iii) acknowledges no right to review or approve Materials before they are used by Delta, and that Delta has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from Delta’s editing, alteration, or use of the Materials, or Delta’s presentation of me, should Delta choose create or use the Materials or to exercise any rights given by this Agreement,
- (iv) acknowledges that Delta is the exclusive owner of all display, publication, and ownership rights, including copyright, trademarks, and any other intellectual property, from Media and Materials arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal, and reversion rights, and the right to sue to enforce such intellectual property against infringers,
- (v) acknowledges that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto,
- (vi) waives all legal and equitable rights against Delta and any authorized persons relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, libel, defamation, invasion of any rights of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), violation of rights of publicity, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world, arising directly or indirectly from Authorized Persons’ exercise of their rights under this Release and whether resulting in whole or in part from the negligence of the Sorority, the Chapter, or any other persons, and
- (vii) agree that this Agreement cannot be terminated, rescinded, or modified, in whole or in part.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.