

Anderson University
Request to Host a Campus Event Involving
Unaccompanied Children under 18

Name of Event: _____

Event Coordinator Name: _____ Phone: _____

Group Hosting Event: _____ Event date(s): _____

Group Contact: _____ Phone: _____

AU Dept. Contact: _____ Phone: _____

Event Details:

Start time: _____ End time: _____ Total # Chaperones: _____

Expected # participants **under 18**: _____ Total # participants: _____

Describe planned activities (or attach agenda): _____

Will the following be part of Event? (check all that apply)

- overnight stay
- locker room/changing room use
- one-on-one activities

** Please **attach** your plan and/or policy for caring for unaccompanied children. In the absence of a formal written plan, summarize, on the reverse side of this form, your plans to assure the safety and supervision of children, including listing all chaperones.

(Signatures Must Be Completed IN ORDER listed here)

I have evaluated the planning steps taken and approve:

AU Dept. Contact Signature: _____

VP or SVP signature: _____

HR Rep: _____ Date: _____

Email completed forms to: HR@andersonuniversity.edu