Agreement on Child Abuse, Communication and Confidential Information

Child Abuse/Neglect
I understand that if I have reason to believe that a minor's physical or mental health or welfare has been adversely affected by abuse or neglect by any person I shall immediately make a report to the University Police Department (UPD) which will in turn notify child protection services and other law enforcement agencies as appropriate. Your signature below certifies you understand this reporting requirement. If you have any questions or concerns please contact the Camp Director or Camp Administrator.

Communication with Minors
Communication, including by social media, between minors and counselors outside of official communications of the camp and program for minors is prohibited.

Confidential Information
As part of the camp program file confidential information about the camp participants including both private and personal health information will be collected. I agree to protect this information and only release it to someone with a medical or educational reason to know.

Signature ____________________________ Date __________________