



DALLAS ACAP WEEK: JUNE 27 – JULY 2, 2021

FORMS

In addition to a positive learning environment, the overall safety and well-being of our ACAP students are of paramount importance to us during all interactions with the students. To that end, we will endeavor to capture any necessary information from students and/or their parents/guardians, ACAP Counselors, Administrators, and volunteers (as appropriate) to ensure proper safety protocols and other measures are safely conducted while the students are in our care.

To that end, included in this package are several forms that are required to be completed by the above-mentioned individuals prior to or during ACAP Week as appropriate.

Dallas ACAP Website: www.dallasacap.com

DALLAS ACAP FORMS CHECKLIST

Student's Name: _____

Included in Each Student Folder:

- _____ ACAP Application
- _____ Student Interest Form
- _____ Two Letters of Recommendation
- _____ Unofficial High School Transcript
- _____ Interviewer's Rating Worksheet

Dallas ACAP Forms Requirement:

- _____ Acknowledgement of Receipt and Review of ACAP Rules and Regulations (SMU-compliant)
- _____ Acknowledgement of Receipt and Review of COVID Regulations
- _____ Hold Harmless Agreement
- _____ Medical Release Form
- _____ Emergency Contact Information for Each Student (2 people)*
- _____ Pre-Screening Questionnaire*
- _____ Copy of insurance card
- _____ Closing Luncheon Request Form (names of parents/guardians to attend this event)

SMU and/or COVID Requirements:

- _____ Acknowledgement of Receipt and Review of SMU Conference Services COVID-Plan (excerpt)
- _____ Pre-Screening Questionnaire*
- _____ Release of Liability Waiver (over 18 year of age, as appropriate)
- _____ Release of Liability Waiver (under 18 years of age, as appropriate)
- _____ Emergency Contact Information for Each Student (2 people)*

*Dallas ACAP and SMU form and/or requirement are the same.



STUDENT PRE-SCREENING QUESTIONNAIRE

	Yes	No
Have you traveled outside the U.S. in the past 30 days? If yes, where? _____		
Have you been in personal contact with a person infected with Coronavirus or who has traveled to an area with widespread and ongoing transmission of Coronavirus in the past 30 days? If yes, where? _____		
Are you full vaccinated?		
If not fully vaccinated, have you been tested for COVID-19 with negative test results within five (5) days of the start of the residency camp?		
In the last 48 hours , have you had any of the following systems:		
• Fever or chills		
• Cough		
• Shortness of breath or difficulty in breathing		
• Fatigue		
• Muscle or body aches		
• Headache		
• New loss of taste or smell		
• Sore throat		
• Congestion or runny nose		
• Nausea or vomiting		
• Diarrhea		

Printed Name _____ Date _____

Signature _____ Date _____

Please return this completed form to Dallas ACAP Registration/Check-in Staff.

DALLAS ACAP COVID PROTOCOLS

- Dallas ACAP Administrators, Counselors, and volunteers be fully vaccinated.
- ACAP students be tested with negative test results prior to check-in on June 27, 2021 if they have not been fully vaccinated.
- All individuals to have their temperature checked each morning prior to start of daily activities. A support person will assist with temperature taking and other related needs.
- Masks and hand sanitizer bottles are provided to all ACAP participants at check-in and made available at all entrances to on-campus venues for ACAP activities.
- Parent/guardian participation is limited to the Closing Luncheon.
- All ACAP Participants to sign an SMU Release of Liability Waiver (as age appropriate).
- All ACAP Participants to sign a Hold Harmless Agreement.
- Panel discussion participants and corporate tour(s) will be virtual.
- Class presenters will refrain from close interactions with the students.

The following information was asked each student via survey prior to ACAP interview:

- **COVID-19 GUIDELINES:** Federal, state, local, and SMU health and safety guidelines will be followed as appropriate. Currently, such guidelines include face coverings (masks), social distancing, and cohort groups, among others. We will discuss these guidelines at Orientation and/or prior to camp.
- **SCREENING:** One of the required COVID-19 guidelines is that ACAP participants either be fully vaccinated or to have had a COVID-19 test with negative results within five (5) days of the start of the camp of June 27, 2021. Do you agree to abide by these screening guidelines, and will you be prepared to show proof of your COVID-19 negative test results at the start of the camp on June 27, 2021?

EMERGENCY CONTACTS: Students were asked to provide the contact information (phone and email address) for two (2) emergency contacts prior to the ACAP interview. A few of the students are fully vaccinated.

MESSAGING/COMMUNICATIONS: Communications are provided to all ACAP participants via several mechanisms, including email, ACAP website, and Students/Parents Orientation.

BRIEFINGS AND DEMONSTRATION: At the beginning of camp, all ACAP Participants will participate in a demonstration on behaviors and precautions to provide education on how to prevent the spread of COVID-19. The briefing includes the following:

DALLAS ACAP COVID PROTOCOLS, CONTINUED

- Hand washing
- Physical distancing
- What symptoms to look out for and when to report them and to whom
- When to stay home
- Coughing etiquette
- Face coverings
- Other program-specific policies or guidelines
- Leave policies.
- How to identify staff and volunteers at higher risk for complications from COVID-19.
- Minor participant communication

OTHER DALLAS ACAP SAFETY MEASURES

MINOR ABUSE TRAINING: ACAP Administrators and Counselors who work with ACAP students are required to complete the school's mandated Minor Abuse Training. Evidence of completion is the Completion Certificate which is submitted to SMU and reported to the State of Texas.

COHORT GROUPS: The Group Project (shark-tank experience) is the capstone project during ACAP Week. Prior to the start of the residency camp, students are placed in Project Groups and will work in these groups during ACAP Week. This group facilitates contact tracing and promotes teamwork.

INSURANCE RIDER: Dallas ACAP secures a one-million-dollar insurance rider which provides coverage for the duration of the camp.

HOLD HARMLESS AGREEMENT

I, the undersigned, do hereby agree to hold harmless the Accounting Career Awareness Program (ACAP) of the National Association of Black Accountants, Inc., (NABA) and Southern Methodist University (SMU) from all liability while my child:

Child's Name _____

Participates in the Summer Residency Program, June 27 – July 2, 2021 on the campus of SMU.

Parent/Guardian Signature _____

Date _____

MEDICAL RELEASE FORM

The undersigned hereby authorizes Odell L. Brown, Executive Director of Accounting Career Awareness Program (ACAP) or his designee, as our agent, to give consent for surgical or medical treatment by any licensed physician or hospital in the State of Texas for my child, _____, when such treatment is deemed necessary by such physician and I cannot be reached within the reasonable time, by reason of absence from the community or otherwise.

Such consent may include, but not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examination, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to the physician to exercise his or her discretion in authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall be valid from June 27, 2021 through July 2, 2021 unless sooner revoked in writing by the undersigned.

PLEASE COMPLETE:

Student's Name (please print) _____

Date of last tetanus examination _____

Does your child have any chronic diseases, drug or food allergies that might interfere with emergency medical or surgical treatment?

_____ Yes No _____ If yes, please explain:

Signature of Parent/Guardian _____

Notary _____ Date _____

Please attach proof of medical coverage.



2021 CLOSING LUNCHEON FORM

The Closing Luncheon is the culmination of the week-long program where we celebrate student successes and award Participation Certificates and scholarships. So ample accommodations can be made in advance of that day, please complete the information below and submit this completed form to dfwacap@gmail.com.

ACAP Student's Name _____

Will the student's parents/guardians attend the 2021 Closing Luncheon as guests?

_____ Yes _____ No

Names of the guests (limited to 2 persons) attending:

1. _____

2. _____

If there are dietary restrictions, please list them below:

Comments (if needed):