I. PURPOSE
As an institution that considers the health, well-being, and safety of its members paramount, and with the recognition that intoxication under any circumstances presents a health risk and in the workplace is considered unprofessional behavior, this policy regulates the use of alcohol at any medical student organization event on or off the premises of the Johns Hopkins University School of Medicine and the Johns Hopkins Health System. A medical student organization event is defined as any event that is hosted or co-hosted, partially or wholly sponsored, advertised by, or facilitated by a medical student organization that has been formally recognized by the Medical Student Senate and/or Office of Medical Student Affairs. While this policy does not apply to private student gatherings, the school encourages safe and responsible use of alcohol in all settings, help-seeking in cases of dependence or misuse, and adherence to the Medical Student Honor Code and University Student Code of Conduct.

II. POLICY
Generally, alcohol is not served at medical student organization events. If a student organization does desire to sponsor an event at which alcohol will be served, it must receive permission from the Associate Dean for Medical Student Affairs prior to the event taking place. The conditions under which permission may be granted are as follows:

1. No alcoholic beverages may be purchased through student organization funds unless approved by the Associate Dean for Medical Student Affairs. Sponsors/organizers must meet with the Associate Dean for Medical Student Affairs to discuss the event and complete and sign the Event Alcohol Approval Request Form (Appendix).
2. All events serving alcohol are required to contract bartenders to oversee the distribution of alcoholic beverages. Bartenders are expected to deny alcohol to anyone who appears to be impaired from alcohol.
3. Appropriate measures must be taken to ensure that guests/participants under the age of 21 are not served alcoholic beverages. In addition, the student organization and/or individuals in the organization may be subject to University disciplinary action if underage patrons are served alcoholic beverages.
4. At events where alcohol is served, the sponsor of the event must provide an equal or greater amount of non-alcoholic beverages.
5. When alcohol is served, food must be provided by the sponsor of the event in adequate amounts to last through the event. If food runs out, alcohol service must cease. Only beer and/or wine may be served. Kegs and other bulk quantities are not permitted unless they are managed and served by a third-party vendor and approved by SOM officials.
6. Events serving alcohol will be a minimum of two hours long. The serving of alcohol must cease at least one hour before the scheduled end of the event unless given an exception by the Office of Medical Student Affairs.
7. No outside alcohol is permitted at the event.
8. Persons who violate or attempt to violate these regulations will be asked to leave the event and may be subjected to University and/or SOM disciplinary action, including possible suspension or dismissal. Violations may also result in a
notation in the Medical Student Performance Evaluation. Organizations that violate this policy will lose the privilege of serving alcohol at their events and may be subject to University and/or SOM disciplinary action.

III. APPENDIX A

Event Alcohol Approval Request Form

1. By my signature below, I confirm that I have read and understood the Event Alcohol Policy for Medical Student Organizations
2. I further attest that I will take responsibility to ensure the policy is followed and will promptly notify school officials of any policy breaches.

Name/date/location/duration of event:

Type/quantity of alcohol to be served:

Type/quantity of food to be served:

Name of bartender(s)/bartending agency with contact info:

Printed name: ________________________________
Signature: ________________________________ Date: _________________
Printed name: ____________________________

Signature: ______________________________ Date: ________________