TEXAS A&M AGRILIFE EXTENSION

HSS 09.01.2020

Texas 4-H Youth Development Program
HEALTH AND SAFETY STATEMENT

Check one: ___ Youth ___ Adult **County:** _____ **District:** 9

Event: District 9 Leadership Lab **Event Dates:** June 10-12

Section I. Participant Information

First Name: _____ **Date of Birth:** _____ **Age:** _____ **Gender:** _____

Last Name: _____ **Name of Physician:** _____

Address: _____ **Physician's Number:** _____

City, State, Zip: _____ **Date of last physical exam:** _____

Phone: _____

Section II. Emergency Contact Information

Name: _____ **Home Phone:** _____

Address: _____ **Work Phone:** _____

City, State, Zip: _____ **Cell Phone:** _____

Section III. Health History *(Check the appropriate answer and explain any YES responses.)*

Have you had or do you currently have any heart problems? Dates: _____ ___ Yes ___ No

Do you frequently suffer from pains in your chest? _____ ___ Yes ___ No

(NOTE: If you have any heart related problems you will need to have a physician's release.)

Do you often feel faint or have spells of severe dizziness? _____ ___ Yes ___ No

Has a doctor ever told you that you might have high blood pressure? _____ ___ Yes ___ No

Are you a smoker? _____ ___ Yes ___ No

Do you have arthritis, joint, or back problems that can be aggravated by exercise? _____ ___ Yes ___ No

Have you had any operations or serious injuries? Dates: _____ ___ Yes ___ No

Do you have any chronic recurring illness or communicable diseases? _____ ___ Yes ___ No

Are there any activities to be limited/discouraged by a physician's advice? _____ ___ Yes ___ No

Are you allergic to any medications, food or food ingredients, insects, or pollens? _____ ___ Yes ___ No

Do you have Epilepsy? _____ ___ Yes ___ No

Do you have Diabetes? _____ ___ Yes ___ No

Do you have any prescribed meal plan or dietary restrictions? _____ ___ Yes ___ No

Any other health related information for 4-H personnel to be aware of? _____ ___ Yes ___ No

Section IV: Medications *(ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)*

Are there prescribed or over-the-counter medications currently being taken? Describe. _____ ___ Yes ___ No

Section V. Insurance Information – *Please provide a copy of your insurance card.*

Do you carry family medical/hospital insurance? ___ Yes ___ No

Carrier: _____ Policy Number: _____

Section VI. Release of Participant *(If minor)*

I/We do hereby authorize the release of said minor child to the following person/people at the conclusion:
(please list all persons, including parents)

_____ _____

Further, I/We require that said minor child NOT be released to the following person/people at the conclusion of the activity:

_____

Section VII. Health and Safety Statement Certification

By signing below, I certify that my answers and statements are true and complete to the best of my knowledge and belief. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Participant OR Parent/Guardian Name (if participant is under the age of 18): _____

Parent/Guardian Signature: _____ **Date:** _____

2024-2025 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name
2025 D-9 Leadership Lab
CAMP & ENRICHMENT PROGRAM
WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of Texas 4-H ("activity"), which is sponsored by Texas A&M AgriLife Extension Service and Texas 4-H Youth Development Program, ("sponsor"), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.**

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to all events and activities, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity**, including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**

3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. I certify that prior to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the CDC's Symptoms of Coronavirus page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.

4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can(a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. NO STRICT RULES OF CONSTRUCTION. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.

8. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For youth engaging in extracurricular activities**: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

In case of emergency, contact: _____

At the following number: _____

If the participant has medical insurance, please indicate: _____

Insurance Company: _____ **Policy Number:** _____

Name of Primary Policy Holder: _____

Please list any special service your child may require: _____

_____

_____

SIGNED this _____ day of _____ ,20 _____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature:
(If participant is under 18 years old) _____

Parent or Legal Guardian Printed Name:
(If participant is under 18 years old) _____

TEXAS A&M AGRILIFE EXTENSION

OTC 09.01.2020

Parent Guardian Authorization, Waiver, & Consent for Over-the-Counter Medication

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the youth's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during her/his stay. Note: Unless we have parental authorization, we cannot administer ANY medications.

Participant Name _____

Date of Birth _____ **Age** _____ **County** _____ **District** 9

Name of Event Attending _____ **Event Date(s)** June 10-12

Please check the OTC medications that may be administered while your child is attending the event, if needed.

	Ointments for minor wound care, first aid (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) as directed.		Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed.
	Tylenol/Acetaminophen as directed		Calamine lotion for bug bites and poison ivy
	Ibuprofen as directed		Micatin or anti-fungus treatment as directed for athlete's foot
	Kaopectate or Imodium for diarrhea as directed		Visine or other eye drops for minor eye irritation
	Rolaids or Tums for acid reflux, heartburn, or indigestion as directed		Actifed or Sudafed as directed for nasal congestion or allergy relief as directed
	Benadryl for swelling, hives, allergic reaction, as directed		Throat lozenges and/or spray as directed for sore throat
	Medicated powder for skin irritation as directed		Swimmer's ear drops as directed
	Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites		Bug repellent
	Robitussin or other cough syrup as directed		Sunscreen
	Other (list any other approved OTC drugs):		

Program staff reserve the right to use generic equivalents when available for the name brand over-the-counter medications listed above. I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed. I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless for any all purposes program staff, The Texas A&M University System, the Board of Regents for the Texas A&M University System, Texas A&M University, Texas A&M AgriLife Extension, the Texas 4-H Youth Development Program and their members, officers, servants, agents, volunteers, or employees (RELEASEES) against any claims that may arise relating to my child being administered the above indicated over-the-counter medications ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES***.

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the program hosted by/at Texas A&M AgriLife Extension.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Adaptedfrom Auburn University's Summer Experience Required Form Packet, http://www.auburn.edu/student_info/auband/event/summer_camps/documents/2014_medical_form.pdf

TEXAS A&M AGRILIFE EXTENSION

Authorization to Dispense Medication

ADM 09.01.2020

Participant: _____ **Food Allergy (if applicable):** _____ **Medication** *(Listed Below)*

All medication to be administered must comply with the following guidelines:

1. All medication, including over-the-counter, must be in the **original container**. All prescription medication must be in the participant's name. Sharing of prescription medication is not allowed. Inhalers must be accompanied by the prescription label.
2. All medication must be accompanied by this dated medication authorization form signed by the parent / legal guardian.
3. Please include instructions for over the counter medications.
4. **All medication, including over-the-counter, will be given ONLY as directed on the label.**
5. If there has been a change in the dosage, please send a note from the participant's doctor reflecting the change.

List all medications your child will be taking. **Prescriptions will be given as directed on the label.**

Medication	Dosage	Time to be given	Special instructions	Staff use only, please do not write here.						

By signing below, I certify that the information is true and complete. I understand this information is confidential and is to be used only by AgriLife Extension Staff or designated Volunteers for health and safety reasons. I hereby consent to the use of this information for such purposes.

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____

TRINITY PINES
CONFERENCE CENTER
4341 FM 356 | TRINITY, TEXAS 75862
OFFICE@TRINITYPINES.ORG | 936.594.5011

Participant Registration & Release Form

4341 FM 356 • Trinity, TX 75862 • 936-594-5011 • www.trinitypines.org

INSTRUCTIONS: **Complete a separate form for each person attending.** All requested information is applicable. Type or print legibly in dark ink.

Name: _____
First Middle Last Suffix *(indicate name used)*

Mailing Address: _____
Street City State Zip

Birth Date: _____/_____/_____ Age: _____ Sex: (M/F) _____ Home Phone: (_____)_____
Mo. Day Year

Name of Church or Group with whom you are attending: _____City: _____ State: _____

If attendee is a minor: Parent / Guardian: _____ Relation to Camper: _____

Parent / Guardian Phone #: Daytime (_____)_____ Evening (_____)_____ Other (_____)_____

Parent/Guardian Email:_____

Diseases, Chronic or Recurring Illness (such as diabetes, asthma, seizures):_____

Allergies (food, medications, insect sting, other)_____

By signing below, I give permission for the Camp Health Supervisor to give the following over-the-counter medication in accordance with standard label directions: acetaminophen, ibuprofen, antihistamine, decongestant, cough medicine, anti-nausea, anti-diarrheal, and antibacterial ointment.

Exceptions:_____

If parent cannot be reached in an emergency, please contact:

Name: _____ Phone #: _____ Relation to Participant: _____

Name: _____ Phone #: _____ Relation to Participant: _____

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

I, and my parents or legal guardian (if a minor), am/are fully informed about and aware that during my stay at Trinity Pines Conference Center, Trinity, TX, also known as Trinity Pines, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, the forces of nature and other hazards arising out of the content of this program which include, but are not limited to, activities such as volleyball, soccer, softball, basketball, archery, wilderness hiking, swimming, use of watercrafts, and an adventure course with zip lines, high and low elements (collectively referred to as the "Activities"). I authorize the use of my or my child's photograph or video on the Trinity Pines electronic and print media for updates, communication, and marketing.

I am aware that, being in close contact with other campers and staff, whether church staff, counselors, recreational staff, Trinity Pines staff, agents, or contractors, I may be exposed to one or more viral infections or other infectious diseases. I acknowledge and understand the risks associated with any and all such infectious diseases, as well as preventative measures utilized to slow and/or prevent the spread of such infectious diseases, including but not limited to frequent hand washing, social distancing and use of face masks in public locations, and I hereby willingly choose to participate in the Activities.

In consideration of Trinity Pines providing and my willingness to engage in these rigorous activities in a special environment, I have and do hereby hold Trinity Pines, it's owners, officers, directors, trustees, agents, employees, and/or volunteers, harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorney's fees, which may arise from or in connection with my stay or participation in any activities arranged for me by my organization or my group leaders or Trinity Pines. Injuries may include, but are not limited to, emotional injuries, physical injuries, or death. The terms hereby shall serve as a release and assumption of risk for me, my heirs, executors, administrators, and for all members of my family. I certify that I/my child are current on required immunizations, or are exempt from immunization requirements for reasons of conscience.

In case of an accident or illness, I authorize first aid/medical personnel to examine, treat, or administer medications for any illness or injury to myself or my child as deemed necessary. In the event of an emergency involving my child and if I cannot be reached by telephone, I authorize such persons to obtain any medical care (including hospitalization, injection, anesthesia, and surgery) from a licensed, certified, or authorized health care provider for my child as deemed necessary. I accept sole responsibility for the payment of any medical care for me or my child. I hereby release, indemnify and hold harmless Trinity Pines, it's owners, officers, directors, trustees, agents, employees, and/or volunteers, from and against any and all claims, liabilities, or damages arising from any act, omission, negligence, or gross negligence of any such health care provider or of Trinity Pines, it's agents, and employees.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and have understood.

X_____ _____
Participant Signature **Date**

X_____ _____
Parent or Legal Guardian Signature (if minor) **Date**

Rev. May 2020

MEDICATION ADMINISTRATION FORM

(Accompanies All Medications)

All medications must be accompanied by this authorization form and given to the church contact person who will be responsible for bringing all medication and forms to the TPCC office for review by our Medical Staff.

- Place all medications in a large Ziploc bag with your child's name and church name.
- Prescriptions must be in the original container with the campers' name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) will be kept and closely guarded by camper and one (1) given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.

TPCC staff request that you **do not** send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name: _____ Birth date: _____/_____/_____ Age: ___ Sex: ___ Male ___ Female

Church Name: _____ Church City & State: _____

☐ *As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.*

X_____ _____ (_____) _____ (_____) _____

Parents/Guardian Signature | Date | Daytime Phone # | Evening Phone #

OR

☐ *As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.*

X_____ _____

Adult Camper / Sponsor/Staff | Date

Medication	**Form** (tablet, capsule, liquid, inhaler)	**Dosage** (amount to be given)	**Frequency** (how often)	**Purpose**	**Comment or Special Instructions**

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication.