



## **District 4 North Texas 4-H Horse Camp**

June 14-16, 2023

North Central Texas College

1525 W. California St. Gainesville, Texas

### **Event Description**

The North Texas 4-H Horse Camp is a three-day and two-night equine educational event for District IV 4-H members. This is an opportunity for 4-H members of all levels of riding to grow their knowledge base and improve their equine skills. 4-H members will bring their horses for riding classes. Members without access to a horse are welcome to attend our “horseless track” to still gain equine based knowledge that can be applied to the 4-H program. 4-H members will get a unique opportunity to network with like-minded youth and learn from industry professionals. Friday afternoon, campers will be able to participate in a Fun Show.

Bring your own feed and shavings.

### **Futurity Horses**

Futurity horses attending camp will qualify for the Texas State 4-H Horse Show. Members bringing a futurity horse will get 2 stalls with the price of camp. Futurity campers will have a separate class for their futurity horses but may also participate in the general horsemanship classes with an older horse. Please specify in registration if you are bringing your futurity horse. If you do not specify, you will only have one stall.

### **Time**

Check-In June 14<sup>th</sup> – 8 AM- 10 AM

Check-out June 16<sup>th</sup> - 12 PM

\*Fun show will begin 1 hour from the conclusion of the camp

Texas A&M AgriLife Extension Service provides equal opportunities in its programs and employment to all persons, regardless of race, color, sex, religion, national origin, disability, age, genetic information, veteran status, sexual orientation, or gender identity. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.



## **Camp Schedule**

A complete agenda will be provided at Check-In.

## **Participation**

Participants must be active 4-H members enrolled in a Texas 4-H and Youth Development County Program in District IV. This is not open to Clover Kids.

## **Age**

Age divisions are determined by a participant's grade as of September 1<sup>st</sup> of the current 4-H year. Age divisions for this event are:

- Junior (3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> grades)
- Intermediate (6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grades)
- Senior (9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> grades)

## **Cost**

4-H Rider- \$100

Includes dorm, meals, one stall (2 for futurity), riding classes and workshops.

4-H Horseless Track- \$80

Includes dorm, meals, beginning horseman sessions and workshops.

4-H Parent (on campus)- \$80

Includes dorm and meals. Parents may watch riding sessions and workshops.

4-H Parent (off campus)- \$50

Includes meals only

\*Parents do not have to register to stay off campus and get their own meals, but they must check in to get a name badge.

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## Registration

Each participating member is required to register on 4-H Online (<https://texas.4honline.com>) and pay the registration fee. Registration will open May 17<sup>th</sup>, 2023 and close May 31<sup>st</sup>, 2023. Paperwork is due at the time of registration (see paperwork requirements section below). **No late registration will be accepted.**

## Forms

Documents required to be uploaded for each horse include:

Negative Coggins Test

\*Health certificates will be checked on entry to the facilities. No horse may be granted entry without a current Health Certificate\*

\*\*All release forms must be signed and submitted when you check-in for camp.

## T-Shirts

When registering, all participants need to indicate the size of t-shirt preferred.

## Dress Code

All dress must follow the 4-H dress code. Short sleeved t-shirts or long-sleeved button up shirts are acceptable. **Closed toe boots with riding heels are required** at all times when handling or riding a horse, along with long jeans. Tennis shoes are acceptable for workshops and activities when not riding. Your instructor may ask you to go change if you are not dressed appropriately for riding classes. Attire for the horse show will be according to the Texas 4-H Horse Show Rules: [https://texas4-h.tamu.edu/wp-content/uploads/horse\\_rules\\_regulations\\_2023.pdf](https://texas4-h.tamu.edu/wp-content/uploads/horse_rules_regulations_2023.pdf)

**Not allowed:** Tank tops, spaghetti straps, halter tops, and any clothing that reveals the midriff, or any clothing advertising or referencing alcohol, drugs, violence or having a sexual content is prohibited. Any see-through or muscle shirts are not appropriate.



## **Code of Conduct**

4-H members should have completed a “Consequences of Behavior” and “Code of Conduct” form when enrolling in 4-H Online for the 2022-2023 4-H year. These documents will be followed during the North Texas 4-H Horse Camp.

We will not tolerate any abuse of animals. If a camper fails to care for their animal during the camp (i.e. skipping feedings, failing to fill water buckets) the camper may be asked to leave. Likewise, if an instructor or chaperone notices physical abuse of an animal, the camper responsible may be asked to leave.

## **Emergencies**

Tanah Lowe

[Tanah.lowe@ag.tamu.edu](mailto:Tanah.lowe@ag.tamu.edu)

(940)668-5413

## **Participants with Disabilities**

If you need any type of accommodation to participate in this program or have questions about the physical access provided, please contact Denita Young, (972)952-9252 or [djyoung@tamu.edu](mailto:djyoung@tamu.edu), at least two (2) weeks prior to the program or note such needs when registering on 4-H Online.



## North Texas 4-H Horse Camp Checklist

- Bedding: Sleeping bag, pillow, blankets, twin sheets...
- Long Jeans
- Boots with riding heel
- T-shirts and/or long sleeve shirts
- Good boot socks
- Shampoo, conditioner, body wash
- Towel
- Deodorant
- Toothbrush/paste
- Medications (Must be on file and turned in to nurse)
- Sunscreen
- Cap or hat
- Tennis shoes or comfortable closed-toe shoes
  
- Horse
- Saddle (Western or English or both)
- Saddle pads
- Saddle Rack
- Bridle with legal bit and split reins (Romal Reins are okay with appropriate bit)
- Halter with good lead rope
- Helmet
- Water bucket
- Hay and grain
- Shavings
- Manure fork
- Manure bucket / Wheelbarrow
- Water hose
  
- Health Certificate (within 30 days)
- Coggins

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

North Central Texas College  
Equine Science Program

Course Code and Name \_\_\_\_\_ Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

ID# \_\_\_\_\_ Age \_\_\_\_\_

Local Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (H).....

(W) \_\_\_\_\_

IN CONSIDERATION of receiving permission to participate in the above named program, or any activity associated with the above named program I \_\_\_\_\_, do hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** North Central Texas College, any officers, servants, agents, or employees (hereinafter referred to as **RELEASEES**) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise, while participating in said programs, or while in, or upon any premises where said programs are being conducted.

I am fully aware of the inherent risks and hazards connected with participating in activities with farm animals. I acknowledge that farm animals are unpredictable and potentially dangerous, and have a full understanding of the kinds of occurrences and hazards that may exist during or as part of my activities, including the potential for serious injury or death. I hereby elect to voluntarily participate in said programs, and to enter the above named premises and engage in such activity, knowing that the activity may be hazardous to me or my property. I **VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise.**

I **FURTHER HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES, OR OTHERWISE.**

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above named **RELEASEES**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATION, STATEMENTS, OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE; I AM AT LEAST EIGHTEEN (18) YEARS OF AGE, FULLY COMPETENT, AND I EXECUTE THE RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

I give my permission, in the event that my family physician or dentist cannot be reached by phone, for releases to make appropriate arrangements for emergency care whether it be by a physician or dentist, or medical or dental facility should I become injured or ill while participating in this camp. It is understood that I will assume any financial responsibility for any medical or dental expenses that may be incurred for said emergency or emergencies.

I, **WITNESS WHEREOF**, I have hereunto set my hand and seal on this \_\_\_\_ day of \_\_\_\_ 20\_\_, at Gainesville, Texas.

-----  
Witness Date And Participant Date  
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-----  
Parent or Guardian Sign (if Minor Child)  
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PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON AND PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

FAMILY DOCTOR (Name and Town) \_\_\_\_\_

**Optional Section.** In case of an emergency or loss of consciousness by the student, medical personnel need to be aware of any prescription drugs you are currently taking. This information is strictly confidential.

ARE YOU CURRENTLY **TAKING** ANY PRESCRIPTION MEDICATION? \_\_\_\_\_

IF YES, WHAT KIND? \_\_\_\_\_

**WARNING**

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

**Texas 4-H Youth Development  
2022-2023 Media/Photograph Release**



I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of the Texas A&M AgriLife Extension Service and/or Prairie View Cooperative Extension Program and its Texas 4-H Youth Development Program (hereinafter called "the Agency") shall be used in connection with the Agency's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the Agency to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing Agency programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the Agency from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization, including claims arising from agencies negligences.

_____	_____
Date	Member Signature
	_____
	Printed Name
	_____
	Street Address
	_____
	City/State/Zip Code

(If the person signing is under age 18, there should be consent by a parent or guardian, as follows:)

I hereby certify that I am the parent or guardian of \_\_\_\_\_, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

_____	_____
Date	Parent/Guardian Signature
	_____
	Parent/Guardian Printed Name





## Texas 4-H Youth Development 2022-2023 Code of Conduct

### *During my 4-H involvement...*

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event/activity I am attending. 4-H members should be courteous and clean and possess good manners.
3. Language must be controlled and appropriate for a 4-H member — I will not use language that is socially offensive.
4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event/activity.
5. I will not smoke, use tobacco products and/or e-cigarettes or be in possession of such products.
6. I will not be in possession of, use alcohol or drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
7. I will not be in possession of, use, or threaten another person with a weapon, bodily force or language.
8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.
9. I will observe hours established by the staff and be in my room. No boys in girls' rooms, no girls in boys' rooms.
10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
11. I will use my social media platforms in a positive manner to reflect the values of the Texas 4-H program.
12. As a leader, I understand that there are more responsibilities and greater expectations as I serve as a role model to others within the program.
13. Any participant at an official 4-H activity who observes a breach of the code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

\_\_\_\_\_

Date

\_\_\_\_\_

Member Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

The members of Texas A&M AgriLife will provide equal opportunities in programs and activities, education, and employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity throughout Texas A&M AgriLife.

# 2022-2023 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

## 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.**

Reviewed 7/22

1. 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.
2. 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)  
\_\_\_\_\_



HSS 09.01.2020

Texas 4-H Youth Development Program
HEALTH AND SAFETY STATEMENT

Check one: Youth Adult County: District:
Event: Event Dates:

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:



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.

Table with 5 columns: Medication, Dosage, Time to be given, Special instructions, and Staff use only, please do not write here. The table contains 12 rows for data entry.

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 \_\_\_\_\_

**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 \_\_\_\_\_  
 Name of Event Attending \_\_\_\_\_ Event Date(s) \_\_\_\_\_

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

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

**Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Participants 15 years of age or older**

This portion of the form must be completed fully in order for participants to self-administer required medication. This form must be completed for each camp/program attended by the youth, for all medications, and each time there is a change in dosage or time of administration of a medication. Program Managers reserve the discretion to use this form.

Participant Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_  
 Name of Event Attending \_\_\_\_\_ Event Date(s) \_\_\_\_\_

- No, my child does not need to take any prescription medication while at the program.
- Yes, my child will need to take prescription medication while at the program.

All prescription medications, including medications for conditions such as food, drug or insect allergies, diabetes; asthma; or epilepsy may be brought to the program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at program by a parent/legal guardian. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the youth will be attending the program.

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Specific Directions (i.e. on empty stomach, with water, etc.) \_\_\_\_\_

Time/Frequency of administration: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Special Storage Requirements (if any): \_\_\_\_\_

Is the participant capable of self-managed care?  Yes  No

Prescribing Physician: \_\_\_\_\_

Telephone of Physician: \_\_\_\_\_

I authorize and recommend self-medication by my child for the above medication. I also affirm that s/he has been instructed in the proper self-administration of the prescribed medication(s) by her/his attending physician. I agree to indemnify and 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, 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 against any claims that may arise relating to my child's self-administration of prescribed medication(s) including injuries sustained as a result of the sole, joint, or concurrent neqliqence, neqliqence per se, statutory fault, intentional torts, or strict liability of RELEASEES.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_