



Youth Programs Mandatory Forms

Note: Youth Programs that include activities at the University Recreation Center require additional waivers, alike youth programs that involve overnight stays.

RELEASE AND INDEMNIFICATION AGREEMENT FORM
UTRGV-Youth Programs Participation/Youth Program Camp Travel

Name of Youth Program: _____ **Youth Program Date(s):** _____

GENERAL PROGRAM DESCRIPTION:

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

PARENT/GUARDIAN INFORMATION FOR MINOR PARTICIPANTS-Under 18 years of age:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Alternate Phone #: _____

Relationship: _____ Email: _____

OFF CAMPUS TRIPS (If applicable)

Travel Dates:

Destination (City, State)

Trip Activities

1. _____ I am the above named participant who is eighteen years of age or older, (or the Parent/Guardian of the above named participant who is under eighteen years of age), and I am fully competent to sign this Agreement. I have voluntarily applied to participate in (or give my participant permission to engage in) the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me (or my participant) to hazards or risks that may result in my (or participant's) illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

* 2. _____ In consideration of my (or the permission I give my participant in) taking part in the Activity or Trip, I hereby accept all risk to my (or my participant's) health and of my (or his/her) injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me (or participant), my (or participant's) personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my (or participant's) property and for any and all illness or injury to my (or participant's) person, including my (or his/her) death, that may result from or occur during my (or participant's) participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for injury or death of any person(s) and damage to property that may result from my (or participant's) negligent or intentional act or omission while participating in the described Activity or Trip.

* 3. _____ I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Student Signature: _____ Date: _____ UTRGV Witness Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____ UTRGV Witness Signature: _____ Date: _____

UTRGV Youth Program Student Rules

It is a privilege to be guests on the UTRGV campus and to participate in its youth programs. The youth program has adopted a no tolerance policy for student misbehavior. Any violation to these rules will result in immediate dismissal from the program.

- *The following rules and regulations have been designed with the student's safety in mind.*
 - *Students must follow these rules at all times or risk being dismissed from the program.*
1. Students are not allowed to leave UTRGV Campus for any reason. *(If it is necessary for a student to be taken off campus in case of an emergency the parent must authorize their leave, fill out the appropriate form, and note that the person picking the student up will have to present proper identification.)*
 2. Students are not allowed to ride in any vehicles, other than University vehicles, with anyone during the duration of the program for any reason.
 3. Students are not allowed to walk alone on campus. If a student needs to get somewhere, they must notify a Resident Assistant (RA), Program Assistant (PA) or the Coordinator to escort them.
 4. Students must attend all classes, breakfast, lunch and dinner. No exceptions! If for any reason you are not able to due to feeling ill, please notify an RA, PA, or the Coordinator ASAP.
 5. Any prescription medications are to be self-administered by the participant as outlined in the Medication/Prescriber/Parent Authorization. Over-the-counter medications will be provided by Youth Program Staff as authorized in the Medication/Prescriber/Parent Authorization
 6. Students are not allowed to use a cell phone during class or during planned activities. Any disruptive cell phone usage will result in the phone being taken away for the remainder of the day.
 7. Students will be responsible for any lost or stolen items such as jewelry and electronics, which they bring to camp.
 8. Many programs require closed-toe shoes, such as tennis shoes.
 9. Students must also adhere to their program dress code and wear appropriate clothing during all classes and planned activities of the summer program. If any issues arise due to inappropriate clothing action will be taken.

I, _____, agree to follow the rules as outlined above, and understand that failure to comply with rules can result in my dismissal from the youth program at UTRGV.

Signature of Participant

Date

Signature of Parent/Guardian

Date

***Measures to Protect K-12 Participants in Campus Programs
Parent Acknowledgement***

Youth Program staff at UTRGV follows strict guidelines to ensure participants are not subject to sexual abuse while at camp. Parents support these efforts by reporting any exceptions to Daniela Venegas, Youth Program Support Manager, at 956-665-2522(campus phone).

The following guidelines are to be followed strictly. Please report any exceptions to Daniela Venegas at the numbers above:

- Youth Program staff will limit physical contact with camp participants.
 - They are not to wrestle with them, tickle them, have them sit on their laps, give them hugs (except occasional shoulder to shoulder hugs), etc.
- One-on-one interaction will be limited
 - There will be youth program staff in activities with participants at all times.
 - No personalized special attention such as giving gifts or personalized communication such as to participant cell phone or social media accounts is acceptable.
- Contact between program staff/volunteers and youth
 - Is restricted to organization-sanctioned activities and times. Program staff/volunteers should not contact youth outside of program activities or program specific needs.
- Wear appropriate attire
 - Youth Program staff will at all times be dressed modestly.
 - Youth Program participants should too
- Respect privacy
 - Youth Program staff must respect the privacy of youth program participants in situations such as changing clothes and taking showers. Only in emergencies should an adult enter an area where children are unclothed.
- Youth Program staff/volunteers should model appropriate interpersonal behavior
 - They will use discretion in what personal or private experiences they share with a child, and will never discuss or ask children questions about sexual experiences.

Youth Program Name

Participant Name

Parent Signature

Date

**UTRGV YOUTH PROGRAM APPLICANT AND CONFIDENTIAL MEDICAL
INFORMATION**

Youth Program Name: _____

Date(s): _____ **Time(s):** _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

AS A YOUTH PROGRAM PARTICIPANT, PARENT OR GUARDIAN I UNDERSTAND THAT: The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous or recreational time may not be recommended. **This information will be kept in strict confidence and will only be shared with your permission.** UTRGV requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but which you think is important, please include that information.

PART 1. GENERAL INFORMATION

Youth Participant name: _____ **Address:** _____

Date of Birth ____/____/____ **Gender:** M ____ F ____

Parent/Legal Guardian name: _____ **Email:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Work phone:** _____

Please list two emergency contacts:

_____	_____	_____	_____	_____
Emergency Contact # 1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact # 2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

PART 2. MEDICAL INFORMATION

It is recommended that you consult with a physician prior to participating in this UTRGV Youth Program. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Youth Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's name: _____ **Phone Number:** _____

Are you up to date with immunizations required by your school (circle one) Yes No

If you are participating in an overnight youth program, a copy of your immunization record will be required.

Do you have health/accident insurance (circle one) Yes No If yes, please indicate policy number, name, and address of company. Please also include a copy of the back and front of your insurance card:

Company Name/Address _____ **Policy Number:** _____

For the following, circle appropriate response and explain as appropriate:

Does camper have any limiting medical conditions that you or your doctor feel would limit Youth Program participation?

Yes No If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in the Youth Program?

Yes No If yes, identify and explain:

Does camper have a history of allergies or reactions to medications, insect stings, or plants?

Yes No If yes, identify and explain:

Does camper have a history of, or currently suffer from, medical conditions(s) with which we should be aware?

Yes No If yes, identify and explain:

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the nearest hospital. If traveling off campus, Youth Program Staff will select qualified facility. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

_____ (Youth Participant Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this UTRGV Youth program. I will assume financial responsibility for any cost of health care that may occur during this Youth program.

PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Youth program . By signing my name I represent and warrant that I have provided all materials and important information to UTRGV pertaining to my child's medical, mental and physical condition and that it is accurate and complete. I agree to notify UTRGV of any changes in my/my child's mental, physical or medical condition prior to my child's scheduled Youth Program.

By revealing or disclosing the above medical information, it will not be used by UTRGV personnel or employees to determine my child's ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of my child and myself.

SIGNATURE IS REQUIRED:

_____ Youth Program Participant	_____ Youth Program Participant Signature	_____ Date
_____ Parent/Legal Guardian Name	_____ Parent/Legal Guardian Signature	_____ Date
_____ UTRGV Witness Name	_____ UTRGV Witness Signature	_____ Date

UTRGV YOUTH PROGRAM MEDICATION PRESCRIBER/PARENT AUTHORIZATION

Youth Program Name: _____

Date(s): _____ **Time(s):** _____

YOUTH PROGRAM PARTICIPANT INFORMATION

Youth Program Participant name: _____ Parent/Legal Guardian Name _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone _____ Work phone _____ Cell Phone _____ Email _____

____ **No, my child does not need to take any prescription medication while participating at the Youth Program (if no, proceed to section C).**

____ **Yes, my child will need to take prescription medication while participating at the Youth Program.**

This form must be completed fully in order for youth program participants to administer required medication to themselves. A new medication administration form must be completed for each Youth Program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Requires licensed health care authorization, signature, and parent signature.

- 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 camper will be attending the Youth Program.
- *All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Youth Program under the condition that the Youth Program Participant can self-manage care and delivery of medication with written authorization to do so at Youth Program by a licensed health care provider.*

A. PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach,/with water, etc.) _____

Time/frequency of administration: _____

If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from ____/____/____ to ____/____/____

Special Storage Requirements: _____

Is the youth Program Participant capable of self-managed care? _____

Prescriber's Name/Title: _____ Prescriber's place of employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medications(s)

Prescriber's Signature: _____ Date: _____

B. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced youth program.

Parent/Guardian Signature: _____ Date: _____

Home phone # _____ Cell Phone # _____ Work Phone # _____

C. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION

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

____ **No, my child does not need to take any OTC medication while participating at the Youth program.**

____ **Yes, my child may need to take OTC medication while participating at the Youth Program(if yes, complete the section below:**

I hereby authorize that the following medications may be given to _____ (Child's Name) if the need arises. You may dispense only those checked.

____ Ointments for minor wound care, first aid as directed. (antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

____ Tylenol/Acetaminophen as directed.

____ Aspirin/Ibuprofen as directed.

____ Throat lozenges and or spray as directed for sore throat.

____ Micatin or anti-fungus treatment as directed for athlete's foot

____ Kaopectate or Imodium for diarrhea as directed.

____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.

____ Roloids or Tums for acid reflux, heartburn or indigestion as directed.

____ Benadryl for swelling, hives, allergic reaction, as directed

____ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.

____ Visine or other eye drops for minor eye irritation.

____ Medicated lip ointment for dry chapped lips, lip blisters or canker sores as directed.

____ Swimmer's ear drops as directed.

____ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.

____ Medicated powder for skin irritation as directed.

____ Robitussin or other cough syrup as directed.

____ Calamine lotion for bug bites and poison ivy.

____ Sunscreen

____ Bug repellent

____ Other (list any other approved over-the-counter drugs) _____

Youth Program staff reserves 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.

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 camper'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 understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: _____ Date: _____

Home phone # _____ Cell Phone # _____ Work Phone # _____

The University of Texas Rio Grande Valley

[Youth Program Name]

Leave Authorization List

Rules, participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. In order to assure the safety of your son/daughter, please provide the program with a list of names that you (Parent or Legal Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

Name/Nombre	Relation/Relación	Address/Dirección	Phone/Teléfono
1.			
2.			
3.			
4.			
5.			

Government-issued picture ID's or parent pickup authorization card if provided by the youth program will be required to pick up participants.

I, _____, as the Parent or Legal Guardian of _____, hereby authorize the UTRGV Youth Program staff to release my son/daughter to the above listed persons and release the UTRGV Youth Program staff from any liability that may arise by them releasing my son/daughter to them. I fully understand that once my son/daughter is released to any of the above authorized individuals, it will be their responsibility and not the program's to ensure their safety and well-being.

*Note: If you have special concerns or circumstances about picking up your child please discuss them with the Youth Program director.

Parent/Guardian Name

Parent/Guardian Signature

Date

Release of Student Information, Pictures, & Video

CONFIDENTIALITY OF INFORMATION

The personal information that you provide UTRGV will be maintained within the UTRGV DEPARTMENT NAME. This information is protected by the Family Educational Rights and Privacy Act of 1974.

RELEASE OF STUDENT INFORMATION

I, _____, authorize UTRGV to release official transcripts, test scores, and

Parent/Guardian Name

other records of my son/daughter _____ to the professional staff of UTRGV for evaluation purposes. I also authorize the professional staff of UTRGV to further release these records to other institutions for admission, educational planning, and program developing purposes.

- ☐ **Yes, I do** agree with the conditions stated above.
- ☐ **No, I do not** agree with the conditions stated above.

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

I, _____, authorize UTRGV to use photographs of _____.

Parent/Guardian Name

Participant Name

I understand that these photographs will be utilized for promotional, recruitment, and informational purposes in the form of newsletter, newspaper, pamphlet, brochure, scrapbook, commercials, news, documentary, promotional video, and/or any other media form and/or any other media form that will require his/her image.

- ☐ **Yes, I do** agree with the conditions stated above.
- ☐ **No, I do not** agree with the conditions stated above.

PARENT/GUARDIAN SIGNATURE FOR ABOVE STATEMENTS

Parent/Guardian Signature

Date