



**Youth Programs**  
**Mandatory Forms**



**Name of Youth Program:** \_\_\_\_\_

**Youth Program Dates:** \_\_\_\_\_

**\* PARTICIPANT INFORMATION**

Please select the one which applies:

Adult Student  Adult Non-Student  Minor Participant

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

Student ID: \_\_\_\_\_

Student Address:

\_\_\_\_\_ Street Address Apt/Unit #

\_\_\_\_\_ City State

\_\_\_\_\_ Zip Code Country

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**ONLY IF MINOR PARTICIPANT-Under 18 years of age**

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

Address: (If different from Minor Participant's)

\_\_\_\_\_ Street Address Apt/Unit #

\_\_\_\_\_ City State

\_\_\_\_\_ Zip Code Country

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Program Description:** \_\_\_\_\_

**OFF CAMPUS TRIPS (If applicable)**

**Travel Dates:**

**Destination (City, State)**

**Trip Activities**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INITIAL STATEMENTS BELOW:**

\* 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.

\* 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 acknowledge that I must comply with the Handbook of Operating Procedures STU 01-300 Student Travel policy, Student Code of Conduct, and institutional Travel protocols (including those related to COVID-19) and understand that failure to do so can result in disciplinary action.

**\* 4. \_\_\_\_\_ 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.**

\_\_\_\_\_  
 \* Signature of Participant (Adult Student · Adult Non-Student · Minor Participant)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/ Guardian (Only if participant is a minor)

\_\_\_\_\_  
 Date



# The University of Texas Rio Grande Valley™

## *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 programs 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.

- 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.)
- Students are not allowed to ride in any vehicles, other than University vehicles, with anyone during the duration of the program for any reason.
- 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.
- 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.
- Any prescription medications are to be self-administered by the camper 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
- 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.
- Students will be responsible for any lost or stolen items such as jewelry and electronics which they bring to camp.
- Many programs require closed-toe shoes, such as tennis shoes.
- 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
--------------------------	------	------------------------------	------



**The University of Texas Rio Grande Valley™**  
***Measures to Protect K-12 Participants in Youth Programs***  
***Parent Acknowledgement***

Youth Program staff at UTRGV follows strict guidelines to ensure participants are not subject to sexual abuse while at youth program. Parents support these efforts by reporting any exceptions to Daniela Venegas, Youth Program Support Manager, at 956-665-2522 or [minorsoncampus@utrgv.edu](mailto:minorsoncampus@utrgv.edu)

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 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 two 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 always be dressed modestly.
  - Youth Program participants should too
  
- Respect privacy
  - Youth program staff must respect the privacy of participants in situations such as changing clothes and taking showers. Only in emergency situations 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.

\_\_\_\_\_

Camp or Program Name

\_\_\_\_\_

Participant Name

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date



**The University of Texas Rio Grande Valley™**  
**YOUTH PROGRAM APPLICANT AND CONFIDENTIAL MEDICAL**  
**INFORMATION**

**Camp 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 Program 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 (check 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 (check one) Yes No If yes, please indicate policy number, name, and address of company. Please 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 youth program participant have any limiting medical conditions that you or your doctor feel would limit participation?  
Yes    No    If yes, identify and explain:

Is youth program participant currently taking medication that may interfere with ability to safely participate in youth program?  
Yes    No    If yes, identify and explain:

Does youth program participant have a history of allergies or reactions to medications, insect stings, or plants?  
Yes    No    If yes, identify and explain:

Does youth program participant have a history of, or currently suffer from, medical condition(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.

\_\_\_\_\_ 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 myself and my child.**

**SIGNATURE IS REQUIRED:**

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



**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18**  
**UTRGV SUMMER CAMP 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 at Youth Program (if no, proceed to section C).

\_\_\_\_ Yes, my child will need to take prescription medication while at Youth Program.

**This form must be completed fully for Youth Program Participant to administer required medication to themselves. A new medication administration form must be completed for each camp attended by the Youth Program 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 and 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 Youth Participant 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 Youth Program under the condition that the Youth Program Participant can self-managed 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 Camp.

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 approval is indicated by the Youth Program Participant's parent or guardian. 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 at Youth Program.**

\_\_\_\_\_ **Yes, my child may need to take OTC medication while at 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.

\_\_\_\_\_ Rolaids 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 Youth Program.

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

Home phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_



**The University of Texas Rio Grande Valley™**  
*[Summer Camp 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. 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.

<b>Name/Nombre</b>	<b>Relation/Relación</b>	<b>Address/Dirección</b>	<b>Phone/Teléfono</b>
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 youth program 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 programs 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*



**The University of Texas Rio Grande Valley™**  
***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, *Parent/Guardian Name* and 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*