

**The University of Texas at Austin
Youth Protection Program
Release and Indemnification Agreement**

This form must be completed and returned to the camp director prior to the program start date.

Participant:

Camper's Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____

Description of Activity: _____

Location: _____

Dates: _____

I am the Parent/Guardian of _____ (participant name), who is under eighteen years of age and I
_____ (parent/legal guardian) am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to Participant, 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 Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligence or intentional act or omission while participating in the described Activity or Trip.

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 NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

PLEASE RETURN TO CAMP DIRECTOR:

Name of Program: _____

Camp Director: _____

Camp Director Phone: _____

Camp Director Fax: _____

Camp Director Mailing Address: _____

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The University of Texas at Austin
Youth Protection Program Consent for
Treatment/Immunizations of a Minor

FOR UNIVERSITY HEALTH SERVICES USE ONLY

Patient Name: _____

Medical Record #: _____

DOB: _____ Gender: _____

Provider: _____ Date: _____

This form must be completed and returned to the camp director prior to the program start date.

Personal Information

Camper's Last Name _____ First Name _____ Birthdate _____ M F
Specify program your child will attend _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ E-mail Address _____
Parent/Guardian 1 _____ Daytime Phone _____ Place of employment _____
Parent/Guardian 2 _____ Daytime Phone _____ Place of employment _____
Health Insurance Carrier _____ Policy Number _____ Plan Number _____
Is physician authorization needed? Yes No Family Physician _____ Phone _____

In case of emergency, please notify

If neither parent nor guardian is available in an emergency, please contact:

1. _____ Phone _____
2. _____ Phone _____

Health History

Allergies: _____
Date of most recent tetanus immunization: _____
Please list any *major* past illnesses (contagious and non-contagious): _____
Please list any *major* operations or serious injuries (include dates): _____
Has the youth ever been hospitalized? No Yes Does the youth have any chronic or recurring illness? No Yes
Is there anything else in youth's health history that the camp staff should know? _____
Are there any activities from which the youth should be restricted? No Yes
Does the youth have any special dietary restrictions? No Yes If YES, explain: _____
Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES, explain: _____

Is the youth's immunization record current showing that the youth has been immunized in accordance with the Texas Department of State Health Services Minimum State Vaccine Requirements? No Yes If No, attach official documentation of TDHS exemption from immunizations for Reasons of Conscience or a Physician's Statement of medical contraindications.

This authorizes The University of Texas at Austin physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis and related personally identifiable health information of _____ (participant name) to camp staff. This information includes injuries or illnesses relevant to participation in the above named camp at The University of Texas at Austin.

SIGNATURE OF CAMPER

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CAMPER'S DATE OF BIRTH

PROGRAM NAME

Will the youth need to take any medication at camp? No Yes

If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage.

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken

[Please See Reverse Side to Complete this Form]

The University of Texas at Austin sponsored _____ (camp/program name) designated personnel will not dispense non-prescription or prescription medication to the above named participant until the following information has been completed by a parent or guardian. It is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member in individual dosage containers, original prescriptions containers, or envelopes clearly labeled with dosage instructions on the first day of camp.

I _____, the parent/guardian of _____ give permission to the staff of the _____ (camp/program name) to administer the prescription medications listed above.

My child may possess and self-administer the following medicine: _____
and I affirm that my child understands and agrees that he/she will use the medication only according to dosage instructions, and will not share or otherwise provide medication to any other person while at camp, and failure to do so is a violation of camp rules that will result in disciplinary action, up to and including removal from camp.

I hereby release The University of Texas at Austin, its Board of Regents, officers, employees, and representatives from any and all liability in any way resulting or arising from the administering of the above medication.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending provider, appropriate staff, and The University of Texas at Austin and its officers, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PRINT NAME

I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules.

The University of Texas at Austin honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this link <http://www.healthyhorns.utexas.edu/privacy.html> to the University Health Services Notice of Privacy Practices.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Please Return to Camp Director:

Name of Program: _____

Camp Director: _____

Camp Director Phone: _____ Camp Director Fax: _____

Camp Director Mailing Address: _____