

**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 the following individual(s) if neither parent nor guardian is available:***

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

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History**

***Please provide thorough and accurate medical information. In the event of an accident or special health needs, it will be necessary for us to have the requested information.***

Allergies: \_\_\_\_\_ Date of most recent tetanus immunization: \_\_\_\_\_

Please list any *major* past illnesses (contagious and non-contagious):  
\_\_\_\_\_  None

Please list any *major* operations or serious injuries (include dates):  
\_\_\_\_\_  None

Has the camper ever been hospitalized?  No  Yes

Does the camper have any chronic or recurring illness?  No  Yes ***If YES***, explain: \_\_\_\_\_

Is there anything else in camper's health history that the program staff should know?  
\_\_\_\_\_

Are there any activities from which the camper should be restricted?  No  Yes ***If YES***, explain:  
\_\_\_\_\_

Does the camper have any special dietary restrictions?  No  Yes If YES, explain:  
\_\_\_\_\_

Does the camper wear any medical appliances (glasses, contact lenses, orthodonture, etc.)?  No  Yes If YES, explain:  
\_\_\_\_\_

**Pre-Activity Clearance Examination and Immunization Record**

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

\_\_\_\_\_ I certify \_\_\_\_\_ (participant's name) has had a pre-activity clearance examination (physical) within the last 14 months. I know of no impairments, which would limit \_\_\_\_\_ (participant's name) participation in all camp activities. I further certify \_\_\_\_\_ (participant's name) if free from any contagious diseases.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

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

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CAMPER'S DATE OF BIRTH

\_\_\_\_\_  
PROGRAM NAME

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

**If the camper is taking a short-term break from regularly prescribed medication, we recommend you consult with the camper's health care provider(s) to determine whether regularly prescribed medication should resume during the camper's time in the program.**

*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

**Over the Counter Medications:**

If necessary, may any of the following over-the-counter medications be administered?  No  Yes

Ibuprofen (Advil)  Yes  No; Acetaminophen (Tylenol)  Yes  No;

Antacids / Anti-Nausea: Maalox  Yes  No; Throat / Cough Lozenges:  Yes  No

Allergies: Benadryl  Yes  No

Other Non-prescription Medication which may be administered: \_\_\_\_\_

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission to the staff of the \_\_\_\_\_ (camp/program name) to dispense the prescription and over-the-counter medications listed above.

The University of Texas at Austin sponsored Sports Camp's designated personnel will not dispense non-prescription (Advil, etc.) or prescription medication (antibiotics, insulin, inhalers, etc.) to the above named participant until the following information has been completed by a parent or guardian. I understand it is the responsibility of the parent/guardian to give the medication directly to the camp director or designated staff member upon arrival. The medication must be placed in a plastic storage bag or other container labeled with the camper's name and with instructions for the medication, including dosage amounts and times. Medication must remain in its original container from the pharmacy. Inhalers and epi-pens are allowed to remain with the camper.

***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 dispensing of the above medication.***

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

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**CONSENT TO TREAT A MINOR**

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; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. 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

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***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

Name of Program: \_\_\_\_\_

Camp Director: \_\_\_\_\_

Camp Director Phone: \_\_\_\_\_ Camp Director Fax: \_\_\_\_\_

Camp Director Mailing Address: \_\_\_\_\_

**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 am fully aware that there are inherent risks to my child involved with this activity, including but not limited to cuts and scrapes, dehydration/heat stroke, sprains, and unintentional collision injuries like broken bones, concussions, permanent injury or possible death and I choose to voluntarily allow my child to participate in said activity with full knowledge that the activity may be hazardous to my child 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 my child 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 my child, other participants, and third-persons as a result of my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

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

Name of Program: \_\_\_\_\_

Camp Director Mailing Address:

Camp Director: \_\_\_\_\_

Camp Director Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The University of Texas at Austin  
 Youth Protection Program  
 Transportation Form**

Camper's Name: \_\_\_\_\_

Program Name/Session: \_\_\_\_\_

*This form must be completed and returned to the camp director prior to the program start date.  
 Choose the appropriate transportation option for your minor.*

**IF YOU**, the parent/legal guardian will personally drop off and pick up your child/camper/participant at camp select the following box. **IF NOT**, please select from the appropriate remaining options and sign as needed.

**Parent/Legal Guardian Drop-Off/Pick-Up**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ ("my child") will drop-off and pick-up my child from \_\_\_\_\_(program name) during the duration of the program.

If I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ am unable to pick up or drop off my child the person named below will be responsible for picking up my child.

I grant permission for the following people below to pick my child up from \_\_\_\_\_ (program name). *(This person is required to show photo identification to the designated camp personnel).*

Full Name	Phone Number	Driver's License Number (Required)	Expiration Date	Address
1.				
2.				
3.				
4.				
5.				

\_\_\_\_\_  
 SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

**Permission to Walk/Bus/Bike/Fly**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ authorize and give consent to \_\_\_\_\_ (camp/program name) to release my child from \_\_\_\_\_ (camp/program name) without parental or guardian supervision and hereby consent, acknowledge and allow my child to  walk  bus  bike  fly to and from camp.

I hereby acknowledge and accept all risks individually and/or on behalf of my minor child, and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to my child, my child's personal representatives, estate, heirs, next of kin and assigns for any and all illness or injury to my child's person, including his/her death, that may result from or occur during my child's walk, bus ride or bike to and from the camp without parental or guardian supervision, 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 my child's negligence or intentional act or omission.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY CHILD'S INJURY OR DEATH OR DAMAGE TO MY CHILD'S PROPERTY THAT OCCURS WHILE WALKING, BUSING, OR BIKING TO AND FROM THE UNIVERSITY OF TEXAS AT AUSTIN CAMP/PROGRAM AND I AGREE TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY CHILD'S NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

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**Permission to Drive**

Campers may not drive or have cars on campus without parental permission and notifying the camp. To request permission to drive or have cars on campus, campers (or their parents or guardians) should contact the camp director. Upon arrival, campers' car keys must be turned in to the camp designee. They will be returned at the end of the day or session. Campers may be responsible for parking charges.

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give permission to my child to drive to campus to participate in \_\_\_\_\_ (camp/program name). I have discussed the rules listed below with my child and my child agrees to abide by them, and I will require my child to abide by them.

The following rules apply to campers who have been approved to drive to camp:

1. All campers driving to and from camp will be required to check in with their counselor after arriving and before leaving each day.
2. Campers must turn in their car keys to the camp designee each morning. The keys will be returned at the end of the day.
3. Campers are not allowed to provide rides to other campers.
4. Campers may not leave campus for lunch.
5. Campers are responsible for all parking charges incurred.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

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Name of Program: \_\_\_\_\_

Camp Director Mailing Address:

Camp Director: \_\_\_\_\_

Camp Director Phone: \_\_\_\_\_ Fax: \_\_\_\_\_