

# TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

July 3, 2024

**Dear Texas 4-H Congress Delegate:**

Congratulations on being one of the over 300 delegates, Press Corps, Lobbyists, Texas 4-H Congress Youth & Adult Leadership Team, and chaperones attending the 2024 Texas 4-H Congress in Austin on July 14-17, 2024. Plans are in the final stages to make this one of the best Texas 4-H Congresses! To prepare you for your Texas 4-H Congress experience, carefully read this information.

## Important Things About Texas 4-H Congress:

- **BEHAVIOR AND ATTITUDE:** Texas 4-H Congress is the premiere citizenship & leadership youth program that is conducted by the Texas 4-H Youth Development Program. We ask that you please remember that each of you is a reflection of the 4-H program's outstanding reputation. Throughout Texas 4-H Congress there will be many state lawmakers, administrators from the Texas A&M University System, donors, Texas 4-H Foundation members and others present. Please extend to them the highest level of behavior and attitude. Remember that first impressions are never forgotten. Any unruly or extreme behavior, attitude, or incidents will result in you being removed immediately and sent home from the event.
- **AUTHORIZATION FOR MEDICAL:** The Waiver and Health Forms **must be completed and brought with you to Texas 4-H Congress. We will need each person to bring two copies of all forms.** Both copies will be given to your district chaperones once you arrive (youth leadership team to adult leadership team). Your district chaperone will retain one copy for their information, and one copy will be turned over to the Texas 4-H Congress staff for their files.
  - Forms required for All Participants – **Must turn in 2 copies of each**
    - Waiver, Indemnification, and Medical Treatment Authorization Form
    - Health and Safety Statement
    - Parent Guardian Authorization, Waiver, & Consent for Over-The-Counter Medication
    - Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication
  - Additional forms required for participants with Prescription Medication:
    - **For those youth whose parents want an adult to administer medication, or their youth participant is 14 or younger:** Authorization to Dispense Medication Form
- **DRESS CODE:** Texas 4-H Congress is a professional dress event. A coat and tie for gentlemen and a business style dress or dress blouse and slacks/skirt for ladies is required for the time spent in the Texas Capitol. Please refer to the "Dress Guide" handout attached for additional information on dress expectations.
- **BILLS AND COMMITTEES:** Each delegate registered for Texas 4-H Congress was asked to submit at least one bill for possible inclusion into the Texas 4-H Congress Bill Book. Since 4-H members serving on the press corps, as a lobbyist, or Texas 4-H Congress Leadership Team cannot serve as sponsors of bills, you may be assigned to a bill that you did not submit and/or your bill may have been reassigned based on your committee assignment. Make sure that you immediately look to see if you are responsible for sponsoring a bill(s) in the committee process. The Texas 4-H Congress Bill Book *will be* posted online for review at: <https://texas4-h.tamu.edu/events/congress>.
- **ARRIVAL AND REGISTRATION:** You should plan to arrive at the Downright Austin (Formerly Sheraton Austin) Hotel from 12:00pm (noon) – 5:00pm, based upon the time of your scheduled capitol tour (see further below). Address for the Downright Austin Hotel is 701 E 11th St, Austin, TX 78701. You will need to find your district (ask at the Texas 4-H Congress registration desk located outside the Capitol Ballroom). Your district chaperones will be responsible for checking you in to ensure the presence of all delegates. They will distribute your registration and room access information. Please do not go to the front hotel desk and try to check in to a hotel room at any point, go to the Texas 4-H Congress Registration area by the ballrooms.
- **DELEGATE DROP-OFF AND PICK-UP:** If you arrive via personal car with a parent, county agent, or chaperone to Texas 4-H Congress please DO NOT park and leave your car unattended in the valet parking/driveway of the hotel. The hotel has other guests who are not associated with Texas 4-H Congress that have to use the area as well.
- **TOURS OF TEXAS CAPITOL:** Tours of the Texas State Capitol will be held on Sunday, July 14, 2024. If your district has scheduled a tour the schedule time will be on our website by the end of the week. You are strongly encouraged to be present for your tour so please review the tour schedule and plan your arrival accordingly. Visit [texas4-h.tamu.edu/events/congress](https://texas4-h.tamu.edu/events/congress) to view the tour schedule.

- **SPENDING MONEY AND BREAKFAST:** Participants are encouraged to bring some spending money for meals to and from Texas 4-H Congress as well as for breakfast and breaks during the event. **Please note that in order to make any purchases at the Sheraton, you will need to use a card as payment, this can be debit card, credit card, or one of the credit card – gift cards (that act as a debit card), NO CASH. The hotel has arranged for a “Quick Breakfast Area” to be available on Monday and Tuesday mornings in the lobby of the hotel.**
    - **Items available for quick purchase:**
      - Bottled juices & water
      - Breakfast burrito (with meat & no meat) - \$14 each
      - Breakfast tacos (with bacon \$14 & no bacon \$12) - 2 tacos per order
      - Fruit cup/whole fruit - \$7 each
      - Overnight oats - \$7 each
    - There is also an area to order coffee and other breakfast items. If looking at this option, please plan your time accordingly and get downstairs early before the group walks to the Capitol.
- Delegates may wish to bring spending money for refreshments at the Texas 4-H Capitol during the allotted break times on Monday and Tuesday. **Registration for Texas 4-H Congress includes the following meals: Sunday dinner, Monday lunch and dinner, and Tuesday lunch and dinner.**
- **DELEGATE LODGING:** All delegates, lobbyists, and press corps members will be housed three-four youth per room which contains two large queen beds.
  - **MONDAY NIGHT THEME DINNER:** ANRP will be hosting the Monday night dinner. They are asking that you wear red, white, or blue according to your role in Texas 4-H Congress.
    - Business Casual Attire
      - Red – Lieutenant Governor and Senate Members
      - White – Press Corps and Lobbyists
      - Blue – Governor, Speaker of the House and House of Representatives Members
  - **TUESDAY NIGHT CLOSING GALA:** The Tuesday night closing event will be Texas 4-H Great Gatsby themed. Break out your best Great Gatsby (1920’s) themed clothing. In addition, we will have guest speaker, John Wayne Walding, former Green Beret, with us that night.
  - **DISTRICT CHAPERONES:** Each district will have two adult chaperones who are County Extension Agents. These chaperones have been hand selected by their District Administrator to supervise and be responsible for the district delegation at this event. If at any time a delegate needs assistance or help, they can contact any district chaperone or a member of the Texas 4-H Congress Leadership Team. See district chaperone list below:

District	County	First Name	Last Name	Cell Phone Number	Email Address
1	Gray	Marcus	Preuninger		marcus.preuninger@ag.tamu.edu
1	Potter	Cari	Snider	<b>REMOVED FOR WEB POSTING</b>	cari.snider@ag.tamu.edu
2	Lamb	Brandon	Albus	<b>REMOVED FOR WEB POSTING</b>	brandon.albus@ag.tamu.edu
2	Lubbock	Cory	Edwards		cory.edwards@ag.tamu.edu
3	Kent	Brandon	Cave		brandon.cave@ag.tamu.edu
3	Wichita	Katrena	Mitchell		katrena.mitchell@ag.tamu.edu
4	Cass	Marlin "Connor"	Davis		connor.davis@ag.tamu.edu
4	Kaufman	Carrie	Sharp		carrie.sharp@ag.tamu.edu
5	San Augustine	Makenzie	Banks		makenzie.banks@ag.tamu.edu
5	Angelina	Ryan	Merrel		ryan.merrel@ag.tamu.edu
6	Ward	Haley	Cowley		haley.cowley@ag.tamu.edu
6	Val Verde	Tommy	Yeater		tommy.yeater@ag.tamu.edu
7	Sterling	Caleb	Kott		caleb.kott@ag.tamu.edu

7	Tom Green	Hayley	Meyer		hayley.meyer@ag.tamu.edu
8	Ellis	Sidney	Atchley		sidney.atchley@ag.tamu.edu
8	Erath	Thomas	Boyle		thomas.boyle@ag.tamu.edu
9	Brazos	Matthew	Pfeifer		matthew.pfeifer@ag.tamu.edu
9	Lee	Tonya	Poncik		tonya.poncik@ag.tamu.edu
10	Kinney	Bret	Allen		bret.allen@ag.tamu.edu
10	Bastrop	Mellanie	Mickelson		mellanie.mickelson@ag.tamu.edu
11	Washington	Pearl	Jones		pearl.jones@ag.tamu.edu
11	Nueces	Warner	Seidel		warner.seidel@ag.tamu.edu
12	Live Oak	Grace	Marshall		grace.marshall@ag.tamu.edu
12	Webb	Hector	Soto		hector.soto@ag.tamu.edu

If you have any questions, please contact your County Extension Agent. We look forward to seeing you in Austin and remember to check the Texas 4-H Congress website periodically for updates on Texas 4-H Congress.

# TEXAS 4-H CONGRESS DRESS GUIDE

## ADVISED DRESS/ATTIRE CHART

Below is a chart that will assist all delegates in choosing their wardrobe choices for Texas 4-H Congress. Please remember this is a professional event and your attire should reflect your standing as a young professional!

EVENT	MALE DRESS/ATTIRE	FEMALE DRESS/ATTIRE	WHAT IS NOT ALLOWED
Capitol Tours (Sunday Afternoon)	Walking Shorts (no holes) Collared Polo/Button Up Shirt Blue Jeans / Casual Slacks Boots, Tennis Shoes, Loafers	Walking Shorts (no holes) Collared Polo / Casual Blouse Blue Jeans / Casual Slacks Boots, Tennis Shoes, Loafers	Basketball/Work Out Attire T-Shirt, Tank Tops, Sleeveless Any clothes with holes, Yoga Pants, Short Shorts
Opening Session & Legislative Workshop (Sunday Evening) & ANRP Dinner (Mon.)	Slacks Collared Polo/Button Up Shirt Boots, Loafers, Dress Shoes	Casual Slacks/Capris/Skirt Nice/Dress Blouse Boots, Dress Shoes, Flats	Blue Jeans / Shorts/ Yoga Pants T-Shirts Flip Flops / Sandals
State Capitol (Monday & Tuesday) PROFESSIONAL DRESS IS REQUIRED IN CAPITOL	Dress Shirt w/ Tie Dress Slacks/Pants Sports/Dress Coat Polished Boots/Shoes Dress Suit	Dress Slacks or Dress Dress Blouse with skirt/slacks Business Suit/Coat Dress Shoes	Polo Style / T-Shirt Tops Shorts (any kind) Blue Jeans / Denim Capri's Anything with holes/ Yoga Pants Dirty Shoes / Flip Flops / Sandals
Congress Gala (Tuesday Night)	Dress Shirt w/ Tie Dress Slacks/Pants Sports/Dress Coat Polished Boots/Shoes Dress Suit	Formal Dress (see below) Dress Slacks or Dress Dress Blouse Business Suit/Coat Dress Shoes	Polo Style / T-Shirt Tops Shorts (any kind) Blue Jeans / Denim Capri's Anything with holes/ Yoga Pants Dirty Shoes / Flip Flops / Sandals
Dance (Monday & Tuesday)	Walking Shorts (no holes) Collared Polo/Button Up Shirt Blue Jeans / Casual Slacks Boots, Tennis Shoes, Loafers	Walking Shorts (no holes) Collared Polo / Casual Blouse Blue Jeans / Casual Slacks Boots, Tennis Shoes, Loafers	Basketball/Work Out Attire/Yoga Pants, T-Shirt, Tank Top Any clothes with holes Short Shorts Flip Flops / Sandals

### DRESS CODE PHILOSOPHY

The primary responsibility for the grooming and appearance of each participant rests with the parents, County Extension Agents, and participants. At the same time, it is the professional belief of the Texas 4-H Youth Development Program that proper dress contributes to good citizenship. It becomes the responsibility of the Texas 4-H Youth Development Program to ensure that each participants' appearance does not jeopardize the individual's health and safety, nor that of others, and does not interfere, or create disruptions during Texas 4-H Congress. To ensure that the health standards, safety conditions, and the proper educational process is maintained, the following grooming guidelines will apply:

1. All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which displays profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessively baggy or tight clothing, and clothing which advertise gang symbols or affiliation is prohibited.
4. All youth must wear shoes.
5. Items of clothing which expose midriffs, bare chests, undergarments, or which are transparent (see-through) are prohibited. Tank tops with straps wider than two-inches are permitted. Please be advised that spaghetti straps, shirts that expose a bareback, halter tops, and tube tops are prohibited.
6. No hats or caps are allowed in either the hotel or capitol at any time and may not be worn from the hotel to the capitol.

### DRESS CODE VIOLATIONS



**\*\*\*Female Formal Wear – For Evening Events\*\*\***

*We understand that formal wear looks a little different from the past. We ask that when looking at your formals, that there be no midriff exposure and dresses hit at least right above the knee.*

# 2023-2024 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

## 2024 TEXAS 4-H CONGRESS

### 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.**

7. **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.
8. **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) \_\_\_\_\_

**Texas 4-H Youth Development Program**  
**HEALTH AND SAFETY STATEMENT**

Check one:  Youth  Adult County: \_\_\_\_\_ District: \_\_\_\_\_  
Event: 2024 Texas 4-H Congress 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: \_\_\_\_\_



## 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.

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

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

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

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.**

Medication	Dosage	Time to be given	Special instructions	Staff use only, please do not write here.					

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 \_\_\_\_\_