

#TrueLeaders

PROGRAMS FOR MINORS

PROCEDURES

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4-H 
GROWS HERE

What is a Programs for Minors

Texas A&M System Rule 24.01.06 revised Oct. 2024

Texas A&M AgriLife Extension Rule 24.01.06.X1



Texas A&M AgriLife Extension Service Rules re: 24.01.06.X1

- Program for Minors – which are sponsored by or conducted under the direction of AgriLife Extension – will provide activities in a safe, nurturing environment.



Key Definitions

- Program for Minors – member or third-party programs using AgriLife or non-AgriLife facilities whose participants are minors
- Minor – an individual under the age of 18. Does not include individuals who are currently enrolled or employed at a Texas A&M member institution.



Key Definitions

- Member programs – programs that are sponsored and/or operated by system members where the full supervisory duties of the minor(s) are the system member's responsibility.

Who has care/custody/control of the minor participants? If it's AgriLife, then it is a PFM.



Key Definitions

- Third-party programs – programs of an individual or entity not affiliated with a system member (AgriLife Extension), that uses system property/facilities

Who has care/custody/control of the minor participants? If it is not AgriLife, it is not our PFM.



Key Definitions

- Program Manager – the designated AgriLife Extension employee overseeing the Programs for Minors event/activity/camp/program. This individual is responsible for ensuring that all requirements are met, information is reported in Formsite, and documentation is retained accordingly.
- The event/activity/camp/program should appear in the employee's Plan of Work in the TAMED system.



Key Definitions

- Program for Minors – definition does NOT include programs:
 - where full supervisory duties of the minor(s) are the responsibility of the minor(s) parents or designee, legal guardian, teachers or official chaperones who are not member employees
 - where the minor's involvement is ancillary to the intended purpose of the activity.



ASK – who has care/custody/control?

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Procedure for

1. Limiting communications between staff & minors
2. Reporting neglect or abuse *MANDATORY
REPORTING REQUIREMENT
3. Reporting incidents & accidents *MANDATORY
REPORTING REQUIREMENT
4. Handling medication
5. Obtaining liability and accident insurance
6. Waiver, Indemnification & Medical Treatment
Authorization



Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

1. Limiting Communications

Except for parent-child relationships, communication, including by social media and gaming between minors and program staff outside the official program communications is prohibited.

Ensure that all event/camp/activity/program staff are informed of these procedures.

2. Abuse * Molestation * Neglect * Digital Photos

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

MANDATORY
REPORTING

Any person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect to immediately make a **report to law enforcement**, followed by an online report with the Texas Department of Family and Protective Services (TDFPS) at the following link: <http://www.txabusehotline.org/>
Notify the Director of the AgriLife Ethics and Compliance Office via email, ethics-compliance@ag.tamu.edu

Participating employees, volunteers, and third-party personnel must be informed of these requirements prior to the start of the program.

3 reporting
sites!

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1



Reporting to AgriLife Ethics & Compliance:

- i. name of person making report to Law Enforcement,
- ii. date and time the contact was made to Law Enforcement,
- iii. reason for contacting Law Enforcement,
- iv. date and time of incident being reported.

Report to Supervisor

3. Incidents and Accidents

Requirements - ALL programs AgriLife Extension Rule 24.01.06.X1

Reporting incidents and accidents:

Incidents and accidents may involve minor to major physical injuries to participants or program staff and may include a hospital or doctor visit.

The Program Manager should immediately complete the **AgriLife Incident Report** and send it to the Texas 4-H Office at texas4h@ag.tamu.edu with Incident Report in the subject line.

Also notify supervisor. The Texas 4-H Office will upload the report, within 48 hours, to the System Risk Management Origami portal.

**MANDATORY
REPORTING**



Texas A&M AgriLife Administrative Services - Ethics & Compliance		TEXAS A&M AGRI LIFE EXTENSION	
INCIDENT/INJURY REPORT FORM			
Please PRINT or TYPE			
TIME & PLACE	Date/Time of Incident	Location: Street, City, Building, Room No. (Be specific)	
	Type of Premises	Conditions	Police Report
PREMISES CONDITION	☐ Construction Site ☐ Hallway ☐ Lobby/Entrance ☐ Office ☐ Other	☐ Parking Lot ☐ Sidewalk ☐ Stairway ☐ Street ☐ Dry ☐ Icy ☐ Snowy ☐ Wet ☐ Uneven Surface ☐ Other	Which Agency: Report # ☐ Not Reported
	Describe What Happened (Use additional sheet if necessary):		
INCIDENT DESCRIPTION			
INJURED PERSON	Name	Age	Phone No.
	Address		
DESCRIPTION OF INJURY & MEDICAL TREATMENT	Injury - Describe the type, severity, and body part involved (Use additional sheet if necessary):		
	Was Medical Treatment Given? Yes ☐ No ☐ Will seek treatment later ☐		
PROPERTY DAMAGE	Name of Medical Facility/Doctor		
	☐ Transported by Ambulance ☐ Transported by Other:		
PROPERTY DAMAGE	Owner's Name		
	Address		
PROPERTY DAMAGE	Phone #		
	Describe the property and the damage (Use additional sheet if necessary):		

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Behavioral Issues are defined and addressed as outlined in the Texas 4-H Rules and Guidelines. Refer to the Code of Conduct and Consequences of Misbehavior.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

4. Procedure for Handling Medication

Per the Texas 4-H Rules and Guidelines, 4-H members and/or parents/guardians participating in a 4-H event or activity are required to disclose in detail any health issues, special needs, or allergies that may prevent them from fully participating or pose a risk to themselves and/or other participants. Parents/guardians of a participant requiring medication should decide if event management should be notified of their child's need for assistance with taking the medications.

These forms may contain information protected by the Health Insurance Portability and Accountability Act (HIPAA), and access to that information should be strictly controlled.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Procedure for Handling Medication

Who administers medication?

Where there is a nurse/designated first aid person (preferred), the medication(s) will be turned over to the nurse/first aid person, who will be responsible for providing the medication to the minor as required.

Where there is not a nurse/designated first aid person, the medication(s) will be distributed by the parent/guardian or, through prior arrangements, may be turned over to the dedicated program manager, or their designee, who will be responsible for providing the medication(s) to the minor as directed by the label.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Procedure for Handling Medication

Authorization to Dispense Medication – ADM

- All medication, including over-the-counter, must be in the original container.
- Verify that form is signed and dated.
- Document when medication is dispersed to minor.

Inhalers, epinephrine auto-injector, insulin, etc. remain with the participant at all times.

Parent/guardian authorization is NOT required for administering medication to a participant in a medical emergency to prevent death or serious bodily injury, provided that the medication is administered as prescribed, directed, or intended.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Procedure for Handling Medication

Over-the-Counter Medication – OTC

- The Parent/Guardian Authorization, Waiver, and Consent for Over-the-Counter Medication Form, OTC is recommended to allow parents to provide permission for administration of over-the-counter medications.
- Medication, prescription and over the counter, may only be administered to a youth participant when there is Parent/Guardian authorization.



OTC

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 _____

☐ 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	☐ Medicated lip ointment for dry, chapped lips, lip blisters, or canker sores as directed
☐ Robitussin or other cough syrup as directed	☐ Bug repellent
☐ 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.

Participant Name _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Adapted from Auburn University's Summer Experience Required Form Packet, http://www.auburn.edu/student_info/aubond/event/summer_camps/documents/2014_medical_form.pdf

09.01.2020

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Procedure for Handling Medication

Self-Administration of Medication – SAP

- The Program Manager of the event/activity/camp/program have the discretion to allow participants who are at least 14 years of age and in the ninth grade to be responsible for their own medication. Consent must be provided by the parent/guardian of the participant using the SAP – Permission for Self-Administration.
- Medications must be brought in the original container with the participant's name on the label. Program Managers must verify that the form is complete, signed and dated.

Parent Guardian Authorization, Waiver, & Consent for Self-Administration of Prescription Medication – Participants 14 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 _____

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

5. Liability and Accident Insurance

All units sponsoring Programs for Minors, including third-party programs, must purchase general liability and accident medical insurance. The Texas 4-H Youth Development Program holds a general liability policy through Texas 4-H Inc.

All APPROVED Texas 4-H youth and volunteers are covered by a limited accident/medical insurance policy through American Income Life Insurance.

If a 4-H club/group is hosting or sponsoring an event or activity where non-4-H members and/or adults are present, it is recommended the 4-H club/group purchase a separate accident/medical policy to cover those participants. This insurance can be purchased from a variety of insurance providers such as American Income or other local vendors.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

6. Waiver, Indemnification, & Medical Treatment Authorization

- All participants – youth, volunteers, employees
- Sept 1 2025, completed while enrolling in 4-H Online (youth & volunteers)

Additional waiver may be necessary for specific programs:

- Customize with Program Name and Date (inclusive)
- Section 2 – insert any specific risks above average participation (ziplining, whitewater rafting, foreign travel)
- Verify that form is signed and dated
- Verify listing of emergency contact and phone number
- Use form revised 7/2025

2025-2026 TEXAS 4-H YOUTH DEVELOPMENT PROGRAM

Program Name

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.

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/member has medical insurance, please indicate: _____

Insurance Company: _____ Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special service the participant/member may require: _____

PARTICIPANT SECTION - ADULT OR YOUTH

The participant signature information below is required:

SIGNED this _____ day of _____, 20____

Date Month Year

Participant Signature: _____

Participant Printed Name: _____

Participant Date of Birth: _____

PARENT/GUARDIAN SECTION

If the participant above is under age 18, there should be consent by a parent or guardian, as follows:

Parent or Legal Guardian Signature: _____

Parent or Legal Guardian Printed Name: _____

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Effective September 1, 2025

Level 1

Level 2

**Remember, the first six detailed above, apply
to all Programs for Minors
camps/activities/events/programs**

Implementation: Level 1

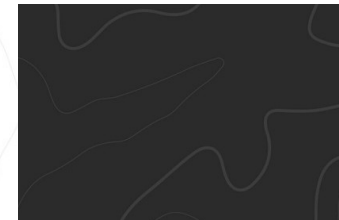
- Lower risk – some examples include but are not limited to day camps, workshops where a speaker is heard, chartered club and/or project meetings/practices, arts and crafts, low impact play, and hosting school field trips
- Parent/legal guardians or their designee and/or teachers are present.
- AgriLife Extension employees do not serve as chaperones and do not have full supervisory responsibilities.
- Adult:youth ratio 1:25, noting no adult should ever be 1:1 with a youth.



Suggestion: Youth under age 18 are to be supervised by the Parent/Guardian or designee, Texas A&M AgriLife Extension is not providing supervision for this event.

Implementation: Level 2

- Level 2 - Moderate to higher risk – may include but are not limited to events with one or more overnight stays, shooting sports activities, live animal activities, programs with a moderate level of physical activity, transporting youth domestically, out of state, or out of country
- Parent/guardians are not present
- Extension has full supervisory responsibility
- Adult:youth ratio 1:8, noting no adult should ever be 1:1 with a youth.



Requirements - Level 1 and Level 2

Program Managers are required to document the following items and retain documentation in a secure location for six years.

	LEVEL 1	LEVEL 2
Approved in Program Manager's Plan of Work in TAMED	X	X
Background Screening (direct volunteers & employees)	X	X
ADA accommodation statement on marketing items	X	X
Completion of Child Protection Training	X	X

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

ADA Accommodations Statement

- A statement regarding requests for accommodation should appear on all program and/or registration materials. The statement should include a timeline and who to contact.
- Example: "If you need any type of accommodation to participate in this program or have questions about the physical access provided, please contact _____ (list name and phone number of the local Extension office and program contact) by _____" (provide a date at least 2 weeks prior to the program or event).
- Requests for reasonable accommodation should be considered individually.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Completion of Child Protection Training

- Employees and Volunteers
- Verify that training is within 2 years of camp/event/program start date
- Employee records in TrainTraq
- Volunteer records in 4HOnline

Requirements - Level 1 and Level 2

Program Managers are required to document the following items and retain documentation in a secure location for six years.

	LEVEL 1	LEVEL 2
Approved in Program Manager's Plan of Work in TAMED	X	X
Background Screening (direct volunteers & employees)	X	X
ADA accommodation statement on marketing items	X	X
Completion of Child Protection Training	X	X
Collecting Health & Safety Statement from all participants (youth & adult)		X
Completing Risk assessment matrix		X
Job descriptions (Overnight Chaperone)		X
Providing adequate supervision ratio		X
Itinerary and Roster		X
Reporting in Formsite		X
Submitting DSHS Form EEH-28 (if 20+ youth participate any part of 4 or more days; submit five days before starting date of program.)		X

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Health & Safety Statement

- A HSS – Health and Safety Statement must be collected from each participant (youth and adult) to ensure program staff are aware of recent injuries, known allergies, and current health status.

Additional form may be necessary for specific programs:

- Verify that form is signed and dated.
- Program Manager or designee should systematically review all forms and maintain in a secure location during the program and at the conclusion of the program.
- Use form revised 6/2025; allows multiple dates

TEXAS 4-H YOUTH DEVELOPMENT FORM
HSS - HEALTH AND SAFETY STATEMENT
2025-2026



Revised: 6/2025

Check One: ☐ Youth ☐ Adult County: _____ District: _____
Event: _____ Event Dates: _____

Section I. Participant Information

First Name: _____ Gender: ☐ Female ☐ Male
Last Name: _____ Date of Birth: ____/____/____ Age: _____
Address: _____ Name of Physician: _____
City, State, Zip: _____ Physician's Number: _____
Phone Number: (____) _____-____ Date of last physical exam: _____

Section II. Emergency Contact Information

Contact Name #1: _____ Relationship: _____ Contact Name #1: _____ Relationship: _____
Phone Numbers: (____) _____-____ (____) _____-____ Phone Numbers: (____) _____-____ (____) _____-____
Address: _____ Address: _____

Section III. Health History (Check the appropriate answer; if YES, use space to the right to provide additional information)

Have you had any operations or injuries that impede participation?	☐ No ☐ Yes
Are there any activities to be limited/discouraged by a physician's advice?	☐ No ☐ Yes
Have you had or do you currently have any heart problems?	☐ No ☐ Yes
Do you require any accommodation to participate in scheduled activities?	☐ No ☐ Yes
Do you have any chronic recurring illness or communicable diseases?	☐ No ☐ Yes
Are you allergic to any medications, food or food ingredients, insects, or pollens?	☐ No ☐ Yes
Do you require an inhaler, epinephrine injector, or other item that you keep at all times?	☐ No ☐ Yes
Do you have a medically prescribed meal plan or dietary restrictions?	☐ No ☐ Yes
Do you have Epilepsy?	☐ No ☐ Yes
Do you have Diabetes?	☐ No ☐ Yes
List any other health related information:	☐ No ☐ Yes

Section IV. Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed or over-the-counter medications currently being taken? ☐ No ☐ Yes
If yes, please describe: _____

Section V. Insurance Information – Please provide a copy of your insurance card.

Do you carry family medical/hospital insurance? ☐ No ☐ Yes
Carrier: _____ Policy: _____

Section VI. Release of Participant (If minor) at conclusion of activity/camp/event/program

I/We do hereby authorize release of said minor child to the following person/people: (please list all persons, including parents)

Further, I/We require that said minor child NOT be released to the following person/people:

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 Certification
Printed Name: _____
Signature: _____
Date: _____

Parent/Guardian Certification (only if participant is under the age of 18)
Printed Name: _____
Signature: _____
Date: _____

Programs with multiple dates/sessions. I certify this information is correct: Date: _____ Initial: _____ Date: _____ Initial: _____

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

- During the planning phase for all programs for minors, a risk assessment using the Texas A&M University System Risk Management and Insurance Matrix will be conducted by the program manager or designee to mitigate risks associated with the activities of the event. This assessment should include a review of all activities associated with the event, potential injuries, and consequences.
- File the risk assessment matrix and retain it in accordance with the Records Retention Schedule.

Risk Assessment Matrix

The Texas A&M University System Risk Management and Insurance Matrix

Exposure To Be Reviewed: _____

Instructions: Step 1-List all event activities and be as inclusive as possible. Step 2-Completely identify risks associated with each activity. Step 3- Use the matrix below to assess your activities. Tally the seriousness and probability scores for evaluation. Step 4- Brainstorm methods to manage risks. Reduce the probability of something going wrong. Step 5- Keep this document in your files for three years. If you have more information to list than space allows on this form, you may attach additional pages. A Word or Excel document is also appropriate.

*Please feel free to contact your District 4-H Specialist for assistance in the risk assessment process and completion of this tool

List of Activities To Occur	Associated Risks*	Seriousness	Probability	Method to Manage Risks**

* Possible risks include: medical emergencies, food poisoning/allergic reactions, damage to member reputation, accidents, injuries, and/or death

**Methods to manage risk may include: arranging for security, traveling with an advisor, rotating drivers, proper facility inspections, waiver forms etc

Seriousness	Probability				Probability
	A	B	C	D	
I - May Result in Death	Red	Red	Yellow	Yellow	A- Likely to occur immediately or in a short period of time; expected to occur frequently B- Probably will come in time. With enough time and activity; it is likely to occur over the life of the event C- May occur in time. Probability of occurrence is lower and there is an equal chance of it occurring vs. not. D- Unlikely to occur at any point during the event Form Updated 03/25/2021
II - May cause severe injury, major property damage, significant financial loss, and/or result in negative publicity for the member institution or group.	Red	Yellow	Yellow	Yellow	
III - May cause minor injury, illness, property damage, financial loss and/or result in negative publicity for the member institution or group	Yellow	Yellow	Yellow	Blue	
IV - Hazard presents a minimal threat to safety, health and well-being of participants	Yellow	Yellow	Blue	Blue	

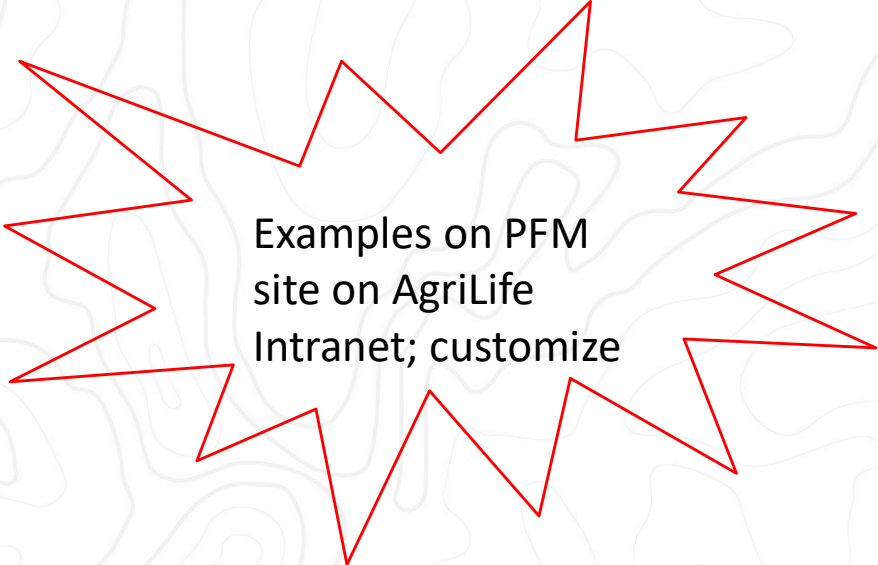
If any activity score is within the red or yellow, System Risk Management highly recommends you forward the Matrix to their attention for further discussion. Although insurance procurement may not be the answer, discussions should occur regarding self-retention so all parties are aware of the risks associated with the activity.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Job descriptions

- During Job duty descriptions for each position involved in the operation of programs will be placed in a program file, and retained in accordance with the Records Retention Schedule.
- 4-H Volunteer Chaperones of Youth
- Overnight Program Guidelines
- Overnight one pager



Examples on PFM
site on AgriLife
Intranet; customize

Supervision ratio

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

For each program, there will be no one-on-one contact with a program staff and a minor unless within full sight and sound of other participants/program staff of the program.

- Level 1 programs: 1:25 adult:youth ratio
- Level 2 programs: 1:8 adult:youth ratio
- Ensure that all event/camp/activity/program staff are informed of these procedures.

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Itinerary and Roster

For each program, there should be a formal, written agenda of all activities
All participants should be listed on the roster and identified as either a youth, volunteer or AgriLife Extension employee

Requirements - ALL programs

AgriLife Extension Rule 24.01.06.X1

Only applies to programs that have twenty or more participants that attend or temporarily reside at the program for all or part of at least four days.

Submit to email address on form



Submitting DSHS-EEH28

[illegible]

Formsite - Level 2 only

- Program for Minors event/activity/camp/programs are to be recorded in Formsite, noting that each required element has been completed.
- Formsite serves as the 'registry' of all AgriLife Extension Programs for Minors event/activity/camp/program and is the starting point of any risk investigation.



[COMPLETE PROGRAMS FOR MINORS EVENT CHECKLIST HERE](#)

**TEXAS 4-H & YOUTH DEVELOPMENT
PROGRAMS FOR MINORS
EVENT CHECKLIST**

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For Questions Contact:
Dr. Darlene Locke
Assistant Professor & Extension Specialist
600 John Kimbrough Blvd, Suite 433
College Station, TX 77843
Phone: 979-845-1023
Email: dlocke@ag.tamu.edu

TEXAS 4-H YOUTH DEVELOPMENT PROGRAMS FOR MINORS CHECKLIST

This document applies to programs for minors that are sponsored and operated by members (Texas A&M AgriLife Extension) or third parties using member/property facilities where full supervisory duties of the minor(s) is the member (Extension) or third party's responsibility. The responsibility includes providing supervision, instruction and/or recreation where children are apart from their parent(s)/ legal guardian.

Examples:

Included: Camps, teen retreats and other events/activities where youth are in the full care/custody of the Texas A&M AgriLife Extension Service for the duration.

PROGRAM INFORMATION

Program Manager Name * 	Program Manager Title *	
Darlene Locke	Assoc Prof & Ext Spec	
Email Address *		
darlene.locke@ag.tamu.edu		
Select if a County, District, State, National, or International event *	County	District
State		
Name and title of person submitting information, if not Program Manager (i.e., office staff) *		
Name of event/camp/program/activity *		
GLOBE Tier 1		
Beginning date of program? *	Ending date of program ? *	
10/17/2025 	10/19/2025 	
Location of event/camp/program/activity *		
Texas 4-H Center		
Number of consecutive days? *	Did program have one or more overnight stays ? *	
3	Yes	
Number of minor participants? * 	Number of volunteers? * 	Number of AgriLife employees? * 
20	0	6
Did program have twenty (20) or more minors participating for any part of four or more days ? *		
No		

CLICK THE NEXT BUTTON TO COMPLETE THE NEXT SECTION

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TEXAS A&M AGRILIFE EXTENSION REQUIREMENTS Agrilife Extension Rule 24.01.06.X1

To comply with Texas A&M System Rule 24.01.06 Programs for Minors, Agrilife Extension requires that all Programs for Minors comply with the requirements outlined below. As the Program Manager or individual designated to report on their behalf, you are attesting to that compliance. The Program Manager is responsible for ensuring that related documentation is retained in a secure location for six years.

1. Event/camp/activity/program is in the Program Manager's Plan of Work in TAMED and is approved by a Regional Program Leader (RPL) or supervisor. *

Yes ▼

2. Background Checks have been completed and approved for Agrilife employees and volunteers; date of approval has been verified. *

Yes ▼

3. Procedures are in place to prohibit communication, including by social media, between minors and staff; outside of official communication for the event/camp/activity/program; all event/camp/activity/program staff are informed of these procedures. *

Yes ▼

4. Procedures are in place for reporting suspected neglect or abuse of a minor; all event/camp/activity/program staff are informed of these procedures. *

Yes ▼

5. Procedures are in place for reporting incidents and accidents of participants and staff; all event/camp/activity/program staff are informed of these procedures. *

Yes ▼

6. Waiver, Indemnification, and Medical Treatment Authorization collected from all participants (youth, volunteer, and employees); required signatures and date signed are verified. *

Yes ▼

7. Health and Safety Statement (HSS) collected from all participants (youth, volunteer, and employees); required signatures and date signed are verified; emergency contact information listed. Forms reviewed to note medications, allergies, recent illnesses or injuries. *

Yes ▼

8. Procedures are in place for handling medication; all event/camp/activity/program staff are informed of these procedures. *

Questions?

- Contact your District 4-H Specialist if you have questions or need additional information.

