



RELEASE AND WAIVER OF LIABILITY

I give permission for my child to participate in this camp at facilities owned and operated by Texas Southern University (TSU), in any related off-campus trip or activity and in any transportation provided by TSU. I acknowledge and accept that the camp may expose my child to hazards and risks, including injury, death, or property damage and that TSU cannot control these risks. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I acknowledge there will be physical activities and certify that my child is fit and capable of such participation. I understand that TSU is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that TSU does not provide medical insurance for me and my child. I certify that my child is covered by adequate insurance to cover any personal injury which he/she may sustain while participating in this camp.

In consideration of TSU providing the opportunity for my child to participate in this camp, I release TSU, its Board of Regents, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during, or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue TSU, its Board of Regents, officers, employees, and representatives from liability for the injury or death of any person (s) or damages to property that may result from my child negligent of intentional act or omission while participating in the camp.

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for TSU to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and TSU is not able to reach me or the emergency contact, I authorize TSU to sign all necessary papers and arrange for emergency treatment and hospital care.

I am the parent or legal guardian of the minor _____, and I am signing on behalf of said minor.

Printed Name of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian _____

Work Phone _____ Cell Phone _____

Emergency Contact (if different than parent or guardian):

Home Phone _____ Work Phone _____ Cell Phone _____



TEXAS SOUTHERN UNIVERSITY
CAMPUS PROGRAMS FOR MINORS

MEDICAL INFORMATION & ADMINISTRATION

Camper's First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Height: _____ ft Weight: _____ lbs

Medical Information

Does your child have any allergies? (Check all that apply)

☐ None ☐ Food ☐ Medication ☐ Environmental Please list and explain: ☐ Anesthesia ☐ other

Do these allergy/allergies require monitoring for symptoms, take action if a reaction occurs or give emergency medication?

☐ No ☐ Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.

Please indicate any of the following that apply to your child:

- ☐ Any condition that may require special care, medication, or diet
- ☐ ADD or ADHD
- ☐ Asthma
- ☐ Seizures
- ☐ Heart trouble
- ☐ Contact lenses
- ☐ Diabetes
- ☐ Fainting spells
- ☐ Bleeding disorders
- ☐ Dentures
- ☐ Other

Is your child currently using any medication (prescription or over-the-counter), food supplement or medical food (such as electrolyte solution)?

☐ No ☐ Yes, please explain _____

If yes, does this need to be administered at the camp?

☐ No ☐ Yes—a *Medical/Physical Care Plan* and/or *Request for Administration of Medication* must be completed.



TEXAS SOUTHERN UNIVERSITY
CAMPUS PROGRAMS FOR MINORS

MEDICAL INFORMATION & ADMINISTRATION continued

Date of last physical exam: _____

Date of last tetanus shot: _____

List any history of hospitalization, outpatient surgery, or previous health condition that would be needed to assist the staff or medical personnel in an emergency situation:

List any additional useful information, such as fears, eating or sleeping habits or special routines. This information should not be medical or health related, as that information should be above.

Does your child have any additional restrictions?

- ☐ I have reviewed the program and activities of the camp and feel my child can participate without restrictions.
- ☐ I have reviewed the program and activities of the camp and feel my child can participate with the following restrictions or adaptations. Please describe:

Please attach a photo copy of current immunization record.