



REQUIRED RELEASE AND MEDICAL FORMS CHECKLIST

This checklist is for your use. It is not necessary to return this page to us.

Make sure you have returned ALL of the required paperwork listed below, the Release and Medical Forms section.

Camp Tyler Assumption of Risk/Release – Return to UT Health Northeast

This form is on behalf of the Camp Tyler Foundation, owners of the facility where Texas Asthma Camp is held each year. Your signature is required on this form in order for your child to attend camp.

The University of Texas Health Science Center at Tyler Assumption of Risk Release – Return to UT Health Northeast

With your signature on this form, you fully recognize that there are dangers and risks to which your child may be exposed by participating in this and any outdoor camp. Know that we make every effort to inform your camper about the rules and practices to be followed to minimize the risk of injury or illness while enjoying the opportunities and benefits Texas Asthma Camp provides. Even with these efforts, injuries/illnesses may occur, and your signature and initials are required on this form in order for your child to attend Texas Asthma Camp.

Camper Medical Form / Consent for Treatment of a Minor (Parent/Guardian) – Return to UT Health Northeast

This form authorizes Texas Asthma Camp's medical personnel to provide medical care to your child (under 18 years of age) including, but not limited to diagnostic examinations, radiology and laboratory tests, administration of necessary medical treatment, including minor surgical procedures. If your child needs more significant diagnostic examinations or surgical procedures, every attempt will be made to contact you before such care is initiated.

Physician Authorization Form for Camp Attendance – Return to UT Health Northeast

All campers are required to have a Camper Medical Form for Physician/Provider completed and signed by the physician, physician assistant, or nurse practitioner who manages your child's asthma.



P.O. Box 1916
Whitehouse, TX 75791
Office: 903.565.4475
Fax: 903.565.4490
www.campt Tyler.org

Assumption of Risk and Release

Please print clearly:

Name of Participant: _____

Group Name: Texas Asthma Camp Date of Participation: June 18 - 23, 2017

Print the names of all additional family members attending on the back of this page.

*Please initial each paragraph and then sign and complete the bottom section.

_____ I have been informed and made aware that during my stay at Camp Tyler Outdoor School, also known as Camp Tyler, certain risks and dangers may occur. These include, but are not limited to, the hazards that arise from being in a wilderness area, team and individual sports, the forces of nature, my participation in water activities of all kinds, as well as other such activities, arranged for me by my organization and/or my group leader. We are informed and aware of these risks and dangers, and we assume them.

_____ In consideration of Camp Tyler Outdoor School providing the facilities and my willingness to have the named participant(s) engage in the above-described and other various activities, I agree to indemnify, and do hereby release and hold Camp Tyler Outdoor School, also known as Camp Tyler, its officers, directors, trustees, agents, employees and/or volunteers harmless from any and all claims, liabilities, suits, actions, causes, damages or losses and demands of every kind and nature whatsoever, including without limitation, all costs and attorneys fees, which I have or which may arise from physical or emotional injury, including fatality, together with any damage to Participant's property or possessions, from or in connection with Participant's stay or participation in activities at Camp Tyler which have been arranged or made available to Participant. I have the authority to grant this release on behalf of Participant. The terms hereby shall serve as a release and assumption of risk for Participant, the person executing this document on behalf of Participant, their heirs, executors, administrators and for all members of their family. In case of accident or illness, the cost of medical care is the financial responsibility of the ill or injured person or parent or legal guardian. I hereby authorize the calling of a doctor or the providing of other necessary medical services should an emergency arise as determined by my organization director or other leader.

_____ CTOS has permission to photograph me and/or my family for marketing purposes.

_____ Please send me more information about Camp Tyler Outdoor School.

Authorization to Participate and Agreement with the Terms of this Form:

Participant or Responsible Party Signature: _____

Address: _____

Home: _____ Cell: _____ Email: _____

Emergency Name and Phone Number in the event the above cannot be reached:

Name: _____

Telephone: _____ Preferred hospital: _____

*Information collected on this form is for internal use only. Information will not be sold or shared with any outside organization.

Camp Tyler Outdoor School believes that outdoor learning experiences in a natural environment are critical to the totality of a child's education.

At Camp Tyler exceptional outdoor learning experiences are offered in a classroom without walls.

Camp Tyler Foundation is a 501 (c) (3) nonprofit organization supported solely from donations and nominal fees for programs and activities.

Mail ALL forms to: UT Health Northeast, ATTN: Texas Asthma Camp – Rhonda Scoby, 11937 U.S. Hwy 271,
Tyler TX 75708 or attach scanned copies and email to michelle.wells@uthct.edu

The University of Texas Health Science Center at Tyler
Assumption of Risk Release for Texas Asthma Camp (TAC)
RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

Participant's (Child/Camper) Information (please print)

Participant's First Name: _____ Participant's Last Name: _____

Age at Camp: _____ Date of Birth: _____ Gender: Boy Girl (*check one*) _____

Participant's Address: _____ City: _____ State: _____

Parent / Guardian: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Address (*if different from Participant's*) _____ City: _____ State: _____

INSTITUTIONS: The University of Texas Health Science Center at Tyler (UTHSCT)
Tyler Junior College (TJC)

CAMP: TAC on June 19 - 24, 2016 - held at Camp Tyler, 15143 Camp Tyler Rd., Whitehouse, TX 75791

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in Texas Asthma Camp (TAC). I acknowledge that the nature of the TAC 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 TAC, 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 above named Institutions, their governing boards, 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 TAC, whether caused by negligence of the Institutions, their governing boards, officers, employees, or representatives, or otherwise.

I further agree to indemnify and hold harmless the Institution 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 negligent or intentional act or omission while participating in the TAC.

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 TAC 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 NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Date of Signature

Printed Name of Parent / Guardian

**Mail ALL forms to: UT Health Northeast, ATTN: Texas Asthma Camp – Rhonda Scoby, 11937 U.S. Hwy 271,
Tyler TX 75708 or attach scanned copies and email to michelle.wells@uthct.edu**

TO BE COMPLETED BY PARENT / GUARDIAN

Texas Asthma Camp
Camper Medical Information Form

Camper Information (please print)

Camper's First Name: _____ Camper's Last Name: _____

Age at Camp: _____ Date of Birth: _____ Gender: Boy Girl (check one)

Campers' Address: _____ City: _____ State: _____

Parent / Guardian: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Address: (if different from Participant's) _____ City: _____ State: _____

Camper's Medical Insurance: _____ Policy Number: _____

It is MANDATORY that we be able to reach a parent, guardian, or designated friend in the event of an emergency.

Emergency Contact (Name, Relationship, and Phone Number) _____

Alternate Emergency Contact (Name, Relationship, and Phone Number) _____

HEALTH INFORMATION

1. How old was your child when he/she was first diagnosed with asthma? _____
2. How many days of school has your child missed this year because of asthma? _____
3. How many times in the last year has your child been to the ER because of asthma? _____
4. Has your child been in the hospital during the last year because of asthma? Yes No
5. Has your child taken oral steroids recently? (Prednisone, Medrol, Pediapred, etc.) Yes No
6. Has your child used a nebulizer during the last six months? Yes No
7. Does your child have any other health or developmental issues? (ADHD, allergies, etc.)? If yes, please list them. *Failure to disclose ALL health or developmental issues may result in your child being sent home at check-in or during camp:* _____

Camper's Name: _____

PARENT/GUARDIAN CONSENT

I am the Parent/Guardian of the above-named Camper who is under eighteen years of age (a minor), and am fully competent to sign this Agreement. I verify that all of the information I have provided on the Camp Medical Information Form is correct and reflects all information of which I am aware.

As parent/guardian of _____ (*child's name*), I authorize such diagnostic, medical, and/or surgical treatment of my child as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury. The University of Texas Health Science Center at Tyler - and its officers, regents, employees, or other representatives; Tyler Junior College - and its officers, regents, employees, or other representatives including students; and the camp or attending physician(s) and appropriate staff 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.

I further authorize the camp director, medical director/camp physician(s), nursing staff, and other appropriate medical personnel of the Texas Asthma Camp to release information concerning my child's medical status, medical condition, injuries, prognosis, diagnosis, and related personally identifiable health information on my child to his/her camp counselors during camp, as well as to any and all appropriate medical personnel at The University of Texas Health Science Center at Tyler or other medical facility in the event of illness or injury.

Signature of Parent / Guardian_____
Date Signed_____
Printed Name of Parent / Guardian

Your initials are required on each line below in order for your child to attend Texas Asthma Camp.

_____ (*initial here*) I understand that I will need to bring **all medications** that my child takes in the **original box or bottle** they came in, as well as any inhalers he/she uses. I understand that I must provide at least a 7-day supply to the medical team who check my child in on Sunday. Further, I understand that no medications, excepting rescue inhalers, will be allowed to stay with my child in his/her cabin unless permission is given and arrangements are made with the medical team at check-in.

_____ (*initial here*) I understand that in the course of treatment for any illness or injury, the camp physician or attending physician may prescribe medications he/she deems necessary or appropriate under the circumstances. I assume responsibility for listing any medication allergies my child may have on the Camp Medical Information Form. A summary of any clinical care and treatment provided in the Clinic during camp will be given to me at check-out.

_____ (*initial here*) I understand that in the event of acute illness or injury, my child may be transported to The University of Texas Health Science Center at Tyler for medical care, and that every attempt will be made to notify me, or if I am not unavailable, those individuals listed on the Camper Medical Information Form as emergency contacts, as soon as can be reasonably expected. Further, I understand that in the case of an accident or acute illness, the cost of medical care is the financial responsibility of the parent or guardian of the ill or injured child.

_____ (*initial here*) I understand that if my child has been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and is on medication for this diagnosis during the school year, it is mandatory that he/she remain on the medication during camp. Failure to comply or to disclose a diagnosis of ADD or ADHD on this Camper Medical Information Form can result in dismissal from the Texas Asthma Camp.

Camper's Name _____

_____ I understand that my child may be photographed, videotaped, and/or interviewed during camp for
(initial here) media coverage and for the purpose of recording the camp session for the yearbook, slideshow, publicity, and fundraising. Consent is required unless there is a valid reason that has been submitted in writing to the Camp Director **before** the start of camp.

_____ I acknowledge that I have received an online copy of UTHSCT's **Privacy Practices:**
(initial here) **Confidentiality and HIPAA** located under Step Two on texasasthmacamp.com.

SPECIAL PERMISSIONS

Therapet – Therapet is a local organization of volunteers who visit Texas Asthma Camp each year with a small group of their carefully trained and certified therapy dogs. Each animal is required to have a bath (which greatly reduces the dander), teeth brushed, and nails trimmed within 24 hours of the visit. Additionally, we explain to the campers that they should not touch their faces, and we have them wash their hands/arms immediately after the activity. To date, we have not had a problem with this activity for children who are allergic to pet danger. For more information on this organization, go to www.therapet.org. In order for your child to participate in this activity, you must give permission. It is not a problem if do not want your child to participate in this activity – we will be happy to provide an alternative for him/her.

I, as Parent/Guardian, give permission for my child to participate in the Therapet activity.

I, as Parent/Guardian, **DO NOT** give permission for my child to participate in the Therapet activity.

Chick-fil-A® – Each year, our local Chick-fil-A® restaurants have very generously donated lunch one day for the Texas Asthma Camp. From the Chick-fil-A®'s website, "*Our peanut oil is a high-temperature, heat-processed, fully refined peanut oil (refined, bleached and deodorized). This means the proteins in the oil are stripped out during the processing. According to the Institute of Agriculture and Natural Resources at the University of Nebraska Food Allergy Research and Resource Program, highly refined oils "do not demonstrate a hazard to allergic individuals."* You can go to www.chick-fil-a.com/Food/Ingredients for more information on the peanut oil used by Chick-fil-A. **However, this is an individual decision for you to make as the parent/guardian of your camper.** Again, it is **not a problem** if you prefer that your child not eat Chick-fil-A®. We will make other meal arrangements for your child.

Please indicate below by your signature whether or not your child can have Chick-Fil-A®.

I, as Parent/Guardian, give permission for my child to eat the Chick-fil-A® meal during camp.

I, as Parent/Guardian, **DO NOT** give permission for my child eat the Chick-fil-A® meal during camp.

