Texas Tech UIL
Summer Camps 2019
High School Students & Educators

Handbook of Policies and Procedures
1. PURPOSE
The purpose of this Summer Camp Handbook of Policies and Procedures (“Handbook”) is to establish the general policies and procedures applicable to all summer camps operated on the campus of Texas Tech University (“TTU”) under the auspices of the Division of Diversity, Equity & Inclusion (DDEI). Such individual summer camps include, but are not limited to:
   a. Theatre Camp
   b. “What’s Your 10th Problem?” Math/Science Camp
   c. Congress, Speech and Debate Camp
   d. “The Write Way to Leaguetown” Journalism Camp

2. GUIDING PHILOSOPHY
Texas Tech University is committed to advancing equality, access, and academic excellence for all students from every background, and the DDEI at TTU exists to support those efforts and promote academic and inclusive excellence at all levels. The DDEI believes in the potential and promise of all students - regardless of age, race, gender, ability/disability, orientation, religion, economic background, level of education, academic accomplishment, hometown or cultural heritage - to contribute to society in a positive manner. To that end, the DDEI operates a variety of summer camps to help such students learn and be able to realize their full academic and personal potential.

3. TEXAS TECH OPERATING POLICIES AND PROCEDURES
The terms and conditions of all applicable Operating Policies and Procedures (“OP”) adopted by the TTU Board of Regents are incorporated by reference into this Handbook. To the extent that any provision of this Handbook conflicts with any applicable OP adopted by the Board of Regents, the OP shall prevail. All camp employees and camp participants are expected to abide by all applicable OPs at all times.

4. REGISTRATION
Registration and Dorm Check In will be in Stangel/Murdough Dorm (see attached map). Check in times:
   - Theatre Camp: Sunday, July 7th 3:30 pm - 5:30 pm
   - Congress/Speech/Debate: Sunday, July 7th 2:00 pm - 3:30 pm
   - Math/Science Camp: Tuesday, July 9th 3:30 pm - 5:30 pm
   - Journalism Camp: Tuesday, July 9th 1:30 pm - 3:00 pm

Check out Times:
   - Theatre Camp: Saturday, July 20th 10:00 am
   - Congress/Speech/Debate: Saturday, July 13th 12:00 pm
   - Math/Science Camp: Saturday, July 13th 9:00 am
   - Journalism Camp: Saturday, July 13th 12:00 pm
5. TRAVEL

Parents, high schools, or students are responsible for transportation to and from Texas Tech University at the beginning and end of camp.

6. STANGEL / MURDOUGH DORMITORY

Throughout the duration of the Campers’ stay at Stangel / Murdough Dormitory, each individual participant is responsible for maintaining the appearance of their area which includes their assigned room and building. No trash or belongings should be left in their room after checkout. Any damages shall be the responsibility of the participant and parent(s)/guardian(s).

7. HOUSING

Male and female students are housed in separate areas of the dormitory. Access to living areas of the opposite gender will be absolutely prohibited at ALL times. Violation of this rule may result in suspension from camp without a refund.

We have an excellent faculty and staff who will supervise campers at all times. Counselors accompany campers to classes, cafeteria, rehearsals, dorm, and social activities. At no time during the day will students be left un-chaperoned. A strict dorm curfew will be enforced, and an adult dorm supervisor is on-site throughout the camp.

8. MEALS

Meals are provided for all campers and are included in the tuition fee.

9. HELPFUL PACKING TIPS

Please use this essential checklist. Additional items of a personal choice are allowed.

➢ Pillowcase and bed sheets for a single/twin bed.
➢ Blanket. Dorms do get cold at night.
➢ Extra pillow(s) if needed
➢ Toiletries, toothbrush/toothpaste, deodorant, shampoo, bath soap, sunscreen, insect repellant, etc.
➢ Towels and wash cloths
➢ Bathrobe, slippers/shower shoes
➢ Alarm clock or clock radio or cell phone
➢ Three meals are provided daily; however, snacks can be purchased at a variety of locations.
➢ Water bottles.
➢ Swimwear, under guidelines of appropriate attire and no cut-offs are allowed.
➢ Calculator(s) for math/science camp.

10. SPENDING MONEY

A lot of additional money can be spent or a little. Tuition fees pay for the workshops, room and board, camp activities, t-shirt, and backpack. There will be an opportunity to purchase snacks in the dorm as well as classroom buildings.
11. RESIDENTIAL STAFF

There will be summer residential staff to facilitate, monitor, and maintain all events and activities during the duration of camp in Stangel / Murdough Dorm.

Campers are to abide by the rules and regulations provided by the residential staff at all times. Any violations will be subject to review by the Camp Director.

12. COMMUTERS

Parking permits are required for commuters leaving their cars on campus.

Commuters must arrive on time each day for the class. Commuters must arrive at Stangel / Murdough by 20 minutes prior to class to join the group for class. Parents will be notified immediately if students are late for camp. Commuters are required to stay for all lunches on campus. Tuition covers the cost of these meals.

Commuters MAY NOT leave campus until the end of the day’s sessions. Commuters MAY NOT, for any reason, transport a residential camper in a vehicle during camp. Failure to follow these rules may result in immediate suspension from camp without a refund.

13. CAMPUS PARKING

Camp parking permits are available to purchase for $8.50 per week from the appropriate link on the website. **Parking permits must be purchased before arriving to camp.**

Vehicles must park in the Stangel / Murdough parking Z5 lot. **There is no actual permit to be displayed on the dash board. License plates are read electronically for permit verification. Parking Services Phone number is 806-742-PARK (7275).**

Vehicles without permits are subject to towing and/or ticketing. Payment of vehicle towing/ticketing is the responsibility of the vehicle owner. Texas Tech Summer Camp is not responsible for payment of vehicle towing/ticketing.

14. CAMPER SAFETY AND GUIDELINES

The camp will have strict rules regarding curfew, class attendance, rehearsal etiquette, and behavior. Rule violations may result in a phone call to parents, restriction on social activities, or suspension from camp without refund. All expenses incurred following suspension are the responsibility of the parent and payment is due immediately.
The safety and welfare of each participant and the group is a top priority. We ask that each participant regard safety in the same manner. To maintain safety at all times, we also ask each participant to behave in a manner that will promote safety by making sure other participants abide by the safety rules:

a) No participant shall cause harm to themselves or others.
b) All participants shall be cautious in their daily activities.
c) No participant may wander or separate themselves so as to be alone without a Summer Camp counselor, staff, director, or emergency personnel.
d) All accidents or incidences must be reported immediately to Summer Camp staff. No time constraint is enforced – whatever time, whenever on campus, where-ever, and however the accident(s)/incidence(s) occur, camp staff must be notified.
e) All rules and regulations shall be followed to ensure maximum efforts towards a safe environment.
f) No participant may accept a ride in a vehicle or provide another participant transportation without permission of and presence of Summer Camp staff.

15. DISCIPLINARY PROCEDURES

A camp participant will be dismissed from camp immediately and without refund if he/she is found to be in possession of any of the following:
   a) Any amount of alcohol;
   b) Any tobacco/nicotine product, including e-cigarettes;
   c) Any illegal drug, including marijuana;
   d) Fireworks; or
   e) A weapon of any sort, including a firearm or a knife.

A camp participant will be dismissed from camp immediately and without refund if he/she is engaged in any of the following behaviors:
   a) Physical assault of another person;
   b) Damage, destruction, or theft of personal or university property;
   c) Intentional misuse of prescription drugs;
   d) Sexual encounter;
   e) Intentional sounding of a false fire alarm;
   f) Use of camp computer facilities to access pornography;
   g) Repeated bullying of another camp participant; or
   h) Any other behavior that the Director determines, in his/her sole judgment, is harmful to other camp participants or is detrimental to the safe operation of the camp.

16. STUDENT RESPONSIBILITIES

a) To adapt and learn from the university environment.
b) To comply with all university, housing, and program rules.
c) To attend all classes and activities on time, unless officially excused.
d) To meet with counselors, teachers, tutors, directors, and staff when scheduled.
e) To keep room and personal belongings neat, clean and orderly at all times.
f) To pay for repairs or replacement of any lost or damaged property.
g) To complete and update medical history, residence, and any pertinent information as soon as changes are in effect.
h) To not wander away from the group or proceed anywhere without informing the proper staff.
i) To remain on campus at all times unless accompanied by a staff member, parent, or legal guardian.

j) To register all prescribed medication with the Camp Director.

k) To respect all fellow students, program staff, and university personnel.

l) To refrain from overt public-display of affection. (i.e. kissing, excessive hugging, and or caressing, etc.).

m) Electronic devices (cell phones, iPods, MP3 players, video games, etc.) are not allowed during classes, meetings, or rehearsals.

17. ATTIRE

Attire should not interfere with or distract from the positive learning environment supported by the camp. Therefore, any attire that depicts drugs, alcohol, satanic, vulgar, pornographic, or gang-related material will not be allowed. The manner in which each participant presents himself/herself is important for many reasons – most importantly, to provide a clean and safe learning environment for all participants.

18. STANDARD OF CONDUCT & ETHICS / BEHAVIOR

Participants are expected to behave in accordance with standards which contribute positively to a learning environment. This behavior is essential for the development of respect, trust, and leadership abilities that are promoted by Texas Tech. Any negative behavior will not be tolerated.

19. CONTACT INFORMATION

In the event of an emergency, parents can get a message to students by calling one of the following numbers:

Derrick Ramsey: Assistant Director of UIL: (cell): 806-787-1998 (office) 806-742-2350
Stangel / Murdough Office (available 24 hrs): 806-742-2622

Mail may be sent to campers at the following address:

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Texas Tech (name of camp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>c/o Texas Tech University – UIL</td>
<td></td>
</tr>
<tr>
<td>PO Box 45035</td>
<td></td>
</tr>
<tr>
<td>Lubbock TX 79409-5035</td>
<td></td>
</tr>
</tbody>
</table>

20. RELEASE of PARTICIPANT

If, for any reason, the camp participant must leave camp, a parent/guardian must notify the Camp Director. The following authorization form must be completely filled out before releasing the student to the care of the parent/guardian.
Dear Parent(s)/Guardian(s):

During the residential stay of Texas Tech Summer Camp, your son/daughter will be living in the Stangel/Murdough Dormitory. Throughout their stay, there may be times when you might need him/her to attend a family event or other activity. In order for the camp to release him/her, we ask that you provide a listing of those persons that will be allowed to pick up and return your child to campus. You may also give your son/daughter permission to take their own vehicle to the event that is outside our camp and off the Texas Tech campus. Turn this in at registration.

Please list exact times and dates the student(s) will be away from camp at another event:

Date: __________ Time of Departure: __________ Time of Return: __________
Date: __________ Time of Departure: __________ Time of Return: __________
Date: __________ Time of Departure: __________ Time of Return: __________
Date: __________ Time of Departure: __________ Time of Return: __________

Son/Daughter’s Name: ________________________________________

I, ______________________ and/or ________________________ grant permission
(FATHER GUARDIAN) (MOTHER GUARDIAN)

for the following people to pickup and drop-off my son/daughter from Texas Tech University. I understand that only the people I list below may pick up my son/daughter after I have notified Texas Tech Summer Camp Director. I should also include any siblings that may be picking up my child. I should contact the camp director by phone at least two days in advance.

If there is an emergency, I should contact Derrick Ramsey at 806 742 2350 or 806 787 1998

Name & Relationship Address (destination point) Telephone Number/Cell #

____________________________________

____________________________________

____________________________________

____________________________________

Signature: ____________________________ Date: ____________________

Texas Tech UIL – A Division of Diversity, Equity, and Inclusion
21. CAMPUS

Texas Tech University is hosting Summer Camps and has provided access to the university’s resources and facilities. With this in mind, all participants shall respect the privilege that is extended to each participant at each activity, event, social activity, and performance during the camp. Participants should respect and care for the facilities by making certain to clean the area, abide by the university policies and procedures, and camp program rules.

22. MEDICAL HISTORY & INSURANCE

In order for Texas Tech Summer Camp to provide the maximum effort in safety, it is required that each parent/guardian provide their son’s/daughter’s current medical history and insurance information. Those forms must be completed prior to his/her entrance into the Texas Tech Summer Camp and should be updated as information changes. As for the medical insurance/Medicaid/Medicare information, these should include all physicians and policy numbers. Students should submit a copy of the card or information with all telephone numbers. If no insurance is available, write “No Insurance” on the medical history form, and please notify the Camp Director.

The medical history should include a list of medications being taken and amount of dosages, as well as a list of all allergies. Please ensure that all documentation remains current and accurate should a medical emergency occur and your child need immediate medical attention.

The Camp Director must have on file a list of any prescription medications.

23. MEDICAL EMERGENCIES / ACCIDENTS

In the event of an emergency, various forms have been requested. These forms are to allow the camp staff to provide medical attention for the participant in the event of an accident or medical emergency. Should there be a medical emergency, the procedures are as follows:

➢ If any medical emergency or accident occurs, a member of the Summer Camp staff should be notified immediately.
➢ Staff of summer camp is to notify the Camp Director immediately. The Camp Director will notify family as soon as possible.
➢ Depending on the situation, emergency medical facility will be called through 911 or participant transported to hospital, or first aid will be rendered by trained University Personnel.
➢ Texas Tech Summer Camp staff/personnel will fill out an incident report with information regarding the accident.
24. WEATHER EMERGENCIES

In the event of inclement weather, summer camp staff will lead participants to the nearest shelter. Each building scheduled for camp will have basement access available.

**Tornado**
- If a tornado warning is officially issued for Lubbock County, the summer camp staff may instruct all campers to take shelter. The preferred locations in each building are the basements.
- The need to shelter in the event of a tornadic storm threatening TTU may be received via one or more of the following means:
  - Texas Tech outdoor tornado warning sirens.
  - If practical, the TTPD will augment the outdoor tornado sirens through the use of the “HI-LO” siren tone and the public address systems on TTPD vehicles.
  - The TechAlert emergency notification system
  - NOAA weather radio (The Specific Area Message Encoder (SAME) for Lubbock County is 048303).
  - Emergency Alert System (EAS) Radio
  - Local media outlets (TV, Radio)
  - Co-occupants of the building

Directions: Stangel / Murdough Dormitory, corner of Flint & Main Street
Physical address is 3211 Main Street, Lubbock, TX 79409
Tech site: http://housing.ttu.edu/halls/Stangel

Enter campus from 19th Street at Flint (large parking garage is the landmark for this corner). Go down to Main Street and turn right. Park in Z5 lot on the back side of Stangel / Murdough Dorm. Check-in will be in basement of Stangel / Murdough.
Parents, please view the Texas Tech Campus Carry rules for Summer Camps.

Handguns are not allowed in areas where camps, activities, programs, etc. are being held for minors.

"Any premises on which a program, activity, or camp is conducted for minors are excluded from concealed carry." - Texas Tech University O.P. 10.22

For More Information
CONTACT
campuscary@ttu.edu
OR
Ronald Phillips, University Counsel
ronald.phillips@ttu.edu
VISIT
www.depts.ttu.edu/opmanual
I, _________________________________, have read and understand the rules and regulations of TTU-UIL Summer Camp 2018 Handbook of Policies and Procedures.

By my signature, I acknowledge _____________________’s participation in Texas Tech Summer Camp and agree to the consequences of violation of such rules.

Signature: ________________________________ Date: ______________ 
(Parent or Legal Guardian)

Signature: ________________________________ Date: ______________ 
(Camper)
Texas Tech University System
Student/Participant Release and Indemnity Agreement

Printed Name of Student/Participant: ___________________________

Name of Camp: ___________________________

Dates of Participation: ___________________________

I, the undersigned, understand and agree that the officially-sponsored activities of Texas Tech University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Texas Tech University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Texas Tech University, I hereby expressly and knowingly RELEASE TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TEXAS TECH UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Texas Tech University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney’s fees, arising out of my participation in the activities of Texas Tech University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES, OR ANY OTHER PERSON.

Texas Tech University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: ___________________________ DATE: ________________

(PARTICIPANT)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Texas Tech University from any claim which may be brought by or on behalf of the participant, or any member of the participant’s family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant, Texas Tech University, or any other person:

SIGNATURE: ___________________________ DATE: ________________

(PARENT OR GUARDIAN)
TTU SUMMER CAMP STUDENT RULES

It is a privilege to be guests on the TTU campus and to participate in its summer camp programs. The camp has adopted a no tolerance policy for student misbehavior. Any violation to these rules will result in immediate dismissal from the program.

- The following rules and regulations have been designed with the student’s safety in mind.
- Students must follow these rules at all times or risk being dismissed from the program.

1. Students are not allowed to leave TTU Campus for any reason. (If it is necessary for a student to be taken off campus in case of an emergency the parent must authorize their leave, fill out the appropriate form, and note that the person picking the student up will have to present proper identification.)

2. Students are not allowed to ride in any vehicles, other than University vehicles, with anyone during the duration of the program for any reason.

3. Students are not allowed to walk alone on campus. If a student needs to get somewhere, they must notify a Camp Counselor to escort them.

4. Students must attend all classes, breakfast, lunch and dinner. No exceptions! If for any reason you are not able to due to feeling ill, please notify a Camp Counselor.

5. Any prescription medications are to be self-administered by the camper as outlined in the Medication/Prescriber/Parent Authorization. Over-the-counter medications will be provided by Camp Staff as authorized in the Medication/Prescriber/Parent Authorization.

6. Students are not allowed to use a cell phone during class or during planned activities. Any disruptive cell phone usage will result in the phone being taken away for the remainder of the day.

7. Students will be responsible for any lost or stolen items such as jewelry and electronics which they bring to camp.

8. Many programs require closed-toe shoes, such as tennis shoes.

9. Students must also adhere to their program dress code and wear appropriate clothing during all classes and planned activities of the summer program. If any issues arise due to inappropriate clothing action will be taken.

I, _____________________________, agree to follow the rules as outlined above, and understand that failure to comply with rules can result in my dismissal from the summer program at TTU.

_______________________________ Date ______________________________
Signature of Parent/Guardian Date Signature of Participant
Measures to Protect K-12 Participants in Campus Programs

Parent Acknowledgement

Measures to Protect K-12 Participants in Campus Programs-Parent Acknowledgement Camp staff at TTU follow a strict guidelines to ensure participants are not subject to sexual abuse while at camp. Parents support these efforts by reporting any exceptions to. The following guidelines are to be followed strictly. Please report any exceptions to minorsoncampus@ttu.edu.

• Camp staff will limit physical contact with camp participants.
  o They are not to wrestle with them, tickle them, have them sit on their laps, give them hugs (except occasional shoulder to shoulder hugs), etc.

• One-on-one interaction will be limited
  o There will be a minimum of two Camp Counselors in activities with participants at all times.
  o No personalized special attention such as giving gifts or personalized communication such as to participant cell phone or social media accounts is acceptable.

• Contact between program staff/volunteers and youth
  o Is restricted to organization-sanctioned activities and times. Program staff/volunteers should not contact youth outside of program activities or program specific needs.

• Wear appropriate attire
  o Camp staff will at all times be dressed modestly.
  o Camp participants should too

• Respect privacy
  o Camp staff must respect the privacy of camp participants in situations such as changing clothes and taking showers. Only in emergency situations should an adult enter an area where children are unclothed.

• Camp staff/volunteers should model appropriate interpersonal behavior
  o They will use discretion in what personal or private experiences they share with a child, and will never discuss or ask children questions about sexual experiences.

Camp or Program

Participant Name

Parent Signature Date
TTU Summer Camp Applicant and Confidential Medical Information

Camp Name: ____________________________

Date(s): ___________________ Time(s): ___________________

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. AS A CAMPER, PARENT OR GUARDIAN I UNDERSTAND THAT:

The information requested on this form is intended to help inform staff of any pre-existing medical conditions. If your child has a pre-existing medical condition, participation in any strenuous or recreational time may not be recommended. **This information will be kept in strict confidence and will only be shared with your permission.** TTU requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If you have any medical issue that is not requested below, but which you think is important, please include that information.

**PART 1. GENERAL INFORMATION**

Camper name: ____________________________ Address: ____________________________

Date of Birth ______ / ______ / ______ Gender: M ______ F ______

Parent/Legal Guardian name: ____________________________ Email: ____________________________

Street Address: ____________________________

City: ____________________________ State: ______ Zip: ______

Home phone: ____________________________ Work phone: ____________________________

Please list two emergency contacts:

<table>
<thead>
<tr>
<th>Emergency Contact # 1 Name</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
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</table>

<table>
<thead>
<tr>
<th>Emergency Contact # 2 Name</th>
<th>Work Phone #</th>
<th>Cell Phone #</th>
<th>Relation</th>
</tr>
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**PART 2. MEDICAL INFORMATION**

It is recommended that you consult with a physician prior to participating in this TTU Summer Camp. If you are uncertain about any pre-existing medical conditions, it is **your responsibility to consult with your own physician** prior to participating in this Summer Camp. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.
Physician’s name: ________________________ Phone Number: ________________________

Are you up to date with immunizations required by your school district (circle one)  Yes  No

Do you have health/accident insurance (circle one)  Yes  No  If yes, please indicate policy number, name, and address of company. Please also include a copy of the back and front of your insurance card:
Company Name/Address ________________________ Policy Number: ________________________

For the following, circle appropriate response and explain as appropriate:

Does camper have any limiting medical conditions that you or your doctor feel would limit camp participation? Yes  No  If yes, identify and explain:

Is camper currently taking medication that may interfere with ability to safely participate in Camp? Yes  No  If yes, identify and explain:

Does camper have a history of allergies or reactions to medications, insect stings, or plants? Yes  No  If yes, identify and explain:

Does camper have a history of, or currently suffer from, medical conditions(s) with which we should be aware? Yes  No  If yes, identify and explain:

PART 3. AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the nearest hospital. If traveling off campus, Camp Staff will select qualified facility. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent. Medical facilities will not perform services unless this signed medical release form.

__________________ (Camper’s Name) has my permission to receive medical attention in the event of illness or medical emergency while participating in this TTU Summer Camp. I will assume financial responsibility for any cost of health care that may occur during this Camp.
PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this Camp. By signing my name, I represent and warrant that I have provided all materials and important information to TTU pertaining to my child’s medical, mental and physical condition and that it is accurate and complete. I agree to notify TTU of any changes in my/my child’s mental, physical or medical condition prior to my child’s scheduled Camp.

By revealing or disclosing the above medical information it will not be used by TTU personnel or employees to determine my child’s ability to participate safely in activities. I understand that, if my child chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and my child.

SIGNATURE IS REQUIRED:

Camper Name ___________________ Camper Signature ___________________ Date __________

Parent/Legal Guardian Name ___________________ Parent/Legal Guardian Signature ___________________ Date __________

TTU Witness Name ___________________ TTU Witness Signature ___________________ Date __________

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18
TTU SUMMER CAMP MEDICATION PRESCRIBER/PARENT AUTHORIZATION

Camp Name: ____________________________________________________________

Date(s): ___________________________ Time(s): _____________________________

CAMPER INFORMATION

Camper name: __________________________ Parent/Legal Guardian Name

Street Address: __________________________ City: __________________________ State: __ Zip: _________

Home phone _______________ Work phone _______________ Cell Phone _______________

Email _________________________

No, my child does not need to take any prescription medication while at Camp (if no, proceed to section C).

Yes, my child will need to take prescription medication while at Camp.

This form must be completed fully in order for campers to administer required medication to themselves. A new
medication administration form must be completed for each camp attended by the camper, for each medication, and
each time there is a change in dosage or time of administration of a medication. Requires licensed health care
authorization and signature and parent signature.

- 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 camper will be attending the Camp.

- All prescription medications, including medications for conditions such as food, drug or insect allergies;
diabetes; asthma; or epilepsy may be brought to Camp under the condition that the camper can self-
manage care and delivery of medication with written authorization to do so at Camp by a licensed health
care provider.
A. PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION

MEDICATION

Medication Name: ___________________ Dose __________________________

Condition for which medication is being administered: __________________________

Specific Directions (e.g., on empty stomach, /with water, etc.) __________________________

Time/frequency of administration: __________________________

Relevant side effects: __________________________

Medication shall be administered from: __.__./__.__./__.__. to: __.__./__.__./__.__.

Special Storage Requirements: __________________________

Is the camper capable of self-managed care? ______________

Prescriber’s Name/Title: __________________________

Prescriber’s place of employment: __________________________

Telephone: __________________ Fax: __________________

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medications(s)

Prescriber’s Signature: __________________________ Date: __________
B. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child’s self-administration of prescribed medication(s).

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: ____________________ Date: ____________

Home phone # ___________ Cell Phone # ___________ Work Phone # ___________

C. PARENT/GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER-THE-COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times be administered, if approval is indicated by the camper’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay. Note: Unless we have parental authorization, we cannot administer ANY medication.

____ No, my child does not need to take any OTC medication while at Camp.

____ Yes, my child may need to take OTC medication while at Camp (if yes, complete the section below):

I hereby authorize that the following medications may be given to __________________________ (Child’s Name) if the need arises. You may dispense only those checked.

____ Ointments for minor wound care, first aid as directed. (antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

____ Tylenol/Acetaminophen as directed.

____ Aspirin/Ibuprofen as directed.

____ Throat lozenges and or spray as directed for sore throat.

____ Micatin or anti-fungus treatment as directed for athlete’s foot

____ Kapectate or Imodium for diarrhea as directed.

____ Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.

____ Rolaids or Tums for acid reflux, heartburn or indigestion as directed.

____ Benadryl for swelling, hives, allergic reaction, as directed
___ Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
___ Visine or other eye drops for minor eye irritation.
___ Medicated lip ointment for dry chapped lips, lip blisters or canker sores as directed.
___ Swimmer’s ear drops as directed.
___ Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
___ Medicated powder for skin irritation as directed.
___ Robitussin or other cough syrup as directed.
___ Calamine lotion for bug bites and poison ivy.
___ Sunscreen
___ Bug repellent
___ Other (list any other approved over-the-counter drugs) ________________________________

Camp staff reserves 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.

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 camper’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 understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Institution, its governing board, officers, employees, and representatives against any claims that may arise relating to my child being administered the above indicated over-the-counter medications.

I/We have legal authority to consent to medical treatment for the camper named above, including the administration of medication at the above referenced Camp.

Parent/Guardian Signature: _________________________________ Date: __________

Home phone # _____________ Cell Phone # _____________ Work Phone # _______________
TTU Summer Camp Leave Release Form

Participants are not allowed to leave campus with anyone if not previously authorized by their parent(s) or legal guardian. To assure the safety of your son/daughter, please provide the program with a list of names that you (Parent/Guardian) approve to pick up your son/daughter in case of an emergency and only if, you are not able to pick up your son/daughter yourself.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Driver’s License #</th>
<th>Phone</th>
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</table>

A Government-issued ID or parent pick up authorization card (if provided by the camp) will be required to pick up campers.

I, __________________________, as the Parent or Legal Guardian of __________________________, hereby authorize the TTU Camp Staff to release my son/daughter to the above listed persons and release the TTU Camp Staff from any liability that may arise by them releasing my son/daughter to them. I fully understand that once my son/daughter is released to any of the above the authorized individuals, it will be their responsibility and not the program’s to ensure their safety and well-being.

Should you have concerns or questions about picking up your child, please discuss them with the camp director.

__________________________  __________________________  ____________
Parent/Guardian Signature  Parent/Guardian Name  Date
Texas Tech University Summer Guest Key Policy

Lost Key Policy:
• Please report lost keys to the front desk immediately.
• For guest safety, each lost key will result in a $50.00 per door fee for an immediate lock change
• Lock changes cannot be cancelled once a work order is submitted

Lock Out Key Policy:
• A lock out key is available at the front desk in case of room lock out
• A photo ID or conference guest access card must be provided to check out a lock out key
• Youth participants under 18 years old must be accompanied by a staff member or chaperone to check out a lock out key
• Lock out key must be returned with 15 minutes or full charge of $50.00 per door will apply
• Lock out keys may not be loaned to a third party, and is the full responsibility of the guest while checked out

Your signature constitutes an acknowledgment that you understand and agree to the Texas Tech University Summer Guest Key Policy. Violations of this policy may result in additional charges.

Print Name  Signature  Date