This is for ____________________________________________ (a minor) during
his/her travel and participation relative to the trip to the 2010 YES Camp in Palestine on
November 12-13, 2010.

In case of sudden illness or accident to the above-named person requiring immediate
treatment or surgery while en route to the camp, while there as a participant, and/or while
returning from the camp, I authorize the Texas AgriLife Extension Service (either
professional or volunteer) to take such action as seems appropriate to protect the health
and physical well being of the participant. This authority extends to any physician or
surgeon to perform whatever medical or surgical procedure is necessary to preserve the
life or well being of the above-named participant.

I further state that the above-named minor is in good health and requires no special care
or medication except as listed below:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Date__________________ Parent / Guardian Signature________________________
The following are means of contacting a family member of this participant:

1. Phone contact for the following parent or guardian:

   Name: ___________________________ Home Phone: ________________________

   Business / Cell Phone: ____________________________

2. Phone contact for neighbor or relative:

   Name: ___________________________ Home Phone: ________________________

   Business / Cell Phone: ____________________________