

**WEST TEXAS YOUTH VETERINARY SCIENCE WORKSHOP**  
**YOUTH APPLICATION FOR 2013** (Postmark Deadline is May 10, 2013)

**SHIRT SIZE:**

**M   L   XL**  
**Check one**

\*\*\*\*\*

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Grade (13/14 school yr) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_ Years in 4-H (If applicable) \_\_\_\_\_

\*\*\*\*\*

Have you ever applied before? \_\_\_\_\_ If so, when? \_\_\_\_\_ Were you accepted? \_\_\_\_\_

Have you attended this workshop before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Projects or Involvements (4-H or otherwise) \_\_\_\_\_

\_\_\_\_\_

Please state why you would like to attend the West Texas Youth Veterinary Science Workshop.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Plans or goals after high school: \_\_\_\_\_

\_\_\_\_\_

I understand that as a participant, I will abide by code of conduct guidelines. I also understand that I will be expected to take part in public speaking.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Parent Signature

Please provide a reference: (Extension Agent, Teacher, Veterinarian, etc.) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please return to:

West Texas Youth Veterinary Science Workshop  
 P.O. Box 1047  
 Sonora, Texas 76950

Questions directed to:

Pascual Hernandez, Sutton County Extension Agent-Ag  
 (325) 387-3101 [p-hernandez@tamu.edu](mailto:p-hernandez@tamu.edu)

## AUTHORIZATION FOR MEDICAL CARE AND TRAVEL PARTICIPATION

This authorization is for \_\_\_\_\_ (a minor) during his/her travel and participation relative to the West Texas Youth Veterinary Science Workshop in San Angelo, Texas. It covers the period of June 2nd through June 6th, 2013. In case of sudden illness or accident to the above named person requiring immediate treatment or surgery while en route to West Texas Youth Veterinary Science Workshop, while there as a participant, and/or while returning from the event, I authorize the Texas A&M 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

I further grant approval for the above named minor to participate in all activities conducted at the West Texas Youth Veterinary Science Workshop, including tours and recreational activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Home) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Work)

Does the above named minor require special care or medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
(All medication must be in ORIGINAL container with ORIGINAL label)

Is special medication(s) being sent with the minor in quantity to meet his/her needs during the period June 2nd - June 6th, 2013? \_\_\_\_ Yes \_\_\_\_ None Needed

Does the above named minor require a special diet (vegetarian, gluten-free, or otherwise)? \_\_\_\_\_  
If so, explain: \_\_\_\_\_

Is the above named allergic to any medications, food or food ingredients, insects or pollen? \_\_\_\_\_

If so, explain: \_\_\_\_\_

