

School Division _____

School _____

Student Last Name _____

PARENT MEDICAL CONSENT AND INFORMATION FORM

I, _____ Parent/Guardian of

(Student name)

(Age)

SS#

do authorize in advance any necessary medical treatment required by the student listed above while he/she is absent from home to attend the Virginia FFA Convention the week of June 23- June 26.

Is student on medication? What? _____

Is student allergic to medicines? What? _____

Is student allergic to stings? _____

List telephone numbers where you can be reached:

Home () _____

Work () _____

Other () _____

Parent or Guardian address: _____

(Street or Box #)

(Town/City)

(Zip Code)

Signature of Parent or Guardian: _____

DATE: _____

MEDICAL INSURANCE INFORMATION

Company _____

Policy Number _____

Name of Insurer _____

NOTES: This form will be kept in the FFA Housing Office, 2111 Pritchard Hall. Please use this form. Half sheets and other forms are too difficult to alphabetize, file, and retrieve. Teachers will make duplicates to keep in their possession. Original signatures should be on both forms.