

MEDICAL INFORMATION CARD
AREA XII FFA LEADERSHIP CONFERENCE
&
DISTRICT LEADERSHIP CONFERENCE

Participant: _____

Student

Teachers

Emergency Contact

Spouse Cell/Home Telephone Number _____

Parent Work Telephone Number _____

Guardian

Family Doctor _____

Name (Please Print)

Address

Telephone Number

Allergic Reactions _____

Medications Taken Routinely _____

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, as the parent or legal guardian of a minor child, _____ hereby authorize diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child. It is distinctly agreed and understood that the attending physician and appropriate staff shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and its fully released from any and all claims and demands what so ever which may arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows. I am bound to hold the physician and appropriate staff harmless from any and all consequences of such treatment, diagnoses, or surgery provided that these duties are performed with ordinary care and to the best of their ability.

WITNESS MY HAND THIS _____ DAY OF _____ A.D., 20 _____

WITNESS: _____

Signature of Parent or Legal Guardian

WITNESS: _____

Student Media Release

During the conference, opportunities arise to provide positive information and publicity about our program and events to the general public or specific audiences. In some cases, we may receive request from the news or professional persons to interview, photograph, and/or film students for news or non-profit publications, television or radio broadcasts, or for educational information and training or various publications and brochures printed by the Area XII Association.

Permission is needed for your child to be the subject of any news media publicity or to be included in Area XII publications. Your selection will be kept on file for reference and will remain in effect unless revoked in writing by the parents/guardian.

Place a checkmark by your answer to the question below.

Yes

No

I give permission for my child to be interviewed, photographed, and/or filmed for public news media, professional education information, or any other non-profit publications for public use. In addition, I give permission for my child's name, work and likeness to appear on the Internet.

Signature of Parent or Legal Guardian

Signature of Student