

AUTHORIZATION - MEDICAL RELEASE - PARENTAL CONSENT

A **SEPARATE FORM** is REQUIRED for **EACH STUDENT** attending state authorized activities.
Duplicate as necessary.

STUDENT NAME _____ NAME OF ORGANIZATION _____

ADVISOR _____

SCHOOL NAME _____

ADDRESS _____

ADVISOR AUTHORIZATION AND STUDENT PARTICIPATION

Date(s) of Activity—From _____ to _____

I, the advisor, hereby certify that this student has been authorized to represent our chapter as a participant/ delegate and has received instructions concerning the organization rules at state authorized activities. (Section XIII, pages 1-3 of FFA Policies and Procedures Handbook.)

(Signature of Advisor) _____ (Date) _____

I, the student, do hereby verify that I have received the above information.

(Signature of Student) _____ (Date) _____

MEDICAL RELEASE

I, _____
(Parent's/Guardian's Signature) _____ (Relationship) _____

of , _____
(Student's Name) _____ (Age) _____ (Social Security Number) _____

Of _____
(Complete home address, including ZIP code)

hereby authorize in advance any necessary medical treatment required for my son/daughter. This student is presently under medical care. Yes _____ No _____ If yes, explain

Date signed _____ Parent/Guardian Home Phone _____

Medical Insurance Co. Policy # _____

Name of Insured _____

PARENT/GUARDIAN AUTHORIZATION

I agree not to hold the Colorado FFA Association, the State Board for Community Colleges and Occupational Education System, Aims Community College and Colorado State University, Front Range Community College, or any of their agents or owners of property where Colorado FFA Association activities are conducted, liable for any accident, illness, or injury to my son/daughter during participation in any state authorized activity, including travel to and from activity sites.

(Signature of Parent/Guardian if student is under 18 years) _____ (Date)

(Signature of student if over 18 years) _____ (Date)