

# Kentucky FFA

Medical Information/Activity Waiver Form

Chapter \_\_\_\_\_

Advisor Cell \_\_\_\_\_

Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Student's Doctor \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_

School \_\_\_\_\_

Race (Requested by USDA) \_\_\_\_\_

Administrator \_\_\_\_\_ School Phone \_\_\_\_\_

Student covered by group or other medical insurance as follows:

Name of Insured \_\_\_\_\_ Insurance Co. \_\_\_\_\_  
Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

Please describe completely any medical condition (past or present) being treated which may recur or be a factor in medical treatment (including allergies, medicine reactions, disease of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, etc.). If currently taking medication, state the medication and prescribing physician and phone number:

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

(Attach a separate form if necessary)

**MEDICAL TREATMENT RELEASE:** Parent/Guardian, please initial.

\_\_\_\_\_ I do grant permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and /or any person listed above as soon as possible.

\_\_\_\_\_ I **DO NOT** grant permission for medical treatment until I have been contacted.

**PHOTO/MEDIA RELEASE:**

\_\_\_\_\_ I do grant to Kentucky FFA, and persons acting for or through them, the rights to use, reproduce, assign, and /or distribute photographs, film, videotapes, and sound recording of myself for use in materials they may create.

**RELEASE OF LIABILITY:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during service as a State FFA Officer.

**PARENTAL WAIVER OF CLAIMS:** Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following: I/we \_\_\_\_\_ (parents' or guardians' name(s)) give permission for my (our) child \_\_\_\_\_ to attend the Rising Sun Conference sponsored by Kentucky FFA. Should my/our child become injured, I/we request that the trip leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release Kentucky FFA and its employees, volunteers, and officers from liability for any damages, injuries, or losses, that may occur while, said child is participating in the Conference.

Date: \_\_\_\_\_

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