WEIMAR FFA PERMISSION SLIP

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to attend the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If, in the judgment of the school representative, Lee Mueller/Amanda Spacek/Jordan Trees/Elizabeth Treptow, my child needs immediate care and/or treatment as a result of any injury or sickness, I hereby request, authorize, and consent to such care and treatment as may be given to said child by any physician, nurse, hospital, or school representative. I do hereby agree to indemnify and save harmless the school, Weimar FFA, and any school or FFA representative from any claim by any person whomsoever on account of such care and treatment of said child. I understand that neither the Weimar ISD nor Texas FFA is responsible for payment of injury. I also understand that my child is expected to follow all school and Weimar FFA ethical rules and directives while under their supervision.

Insurance Co. #

Signature of Parent Date

Signature of Student Date

Address

City Zip

Telephone Cell

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other pertinent information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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