

WEIMAR FFA PERMISSION SLIP

My child, _____, has permission to attend the _____. If, in the judgment of the school representative, Elizabeth Treptow/Carin Cason/Maureen Victoria, 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: _____
