

WEIMAR FFA PERMISSION SLIP

My child, _____, has permission to attend
the _____. If, in the judgment of the school
representative, Mallory Haas/Amanda Spacek/Jonathan Treptow/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: _____
