

Parental Medical Consent Form

I, _____ of _____
(name of parent/guardian) (address, city, state, zip)

_____ hereby authorize in advance any
necessary medical treatment required by _____
(student's name)

while he/she is participating in any FFA activity during the _____
school year. (year)

Parent/Guardian's Signature: _____

Date: _____

In emergency contact: _____

Phone number: _____

Cell or work number: _____

My child has the following medical condition(s) or allergies...
