

PARENTAL CONSENT FORM

I, _____, give permission for _____ to
(parent or guardian) (student)
attend the _____ at _____ on
(event name) (location)
_____ (dates).

I understand that they will be held responsible to abide by the Kuna FFA Code of Ethics and the Kuna High School Student Handbook. It is understood that failure to do so will result in disqualification from this event and possible forfeiture of future trips and activities, or in the student being sent home by alternate transportation at the student's expense.

(Parent Signature) (date)

(Student) (date)

Address _____

Phone _____ Work Phone _____

Health Statement:

Insurance Carrier _____

Policy Number _____

Please give any medical information necessary (allergies, etc.)

Medicines taken Regularly: _____

In the event of accident, permission is hereby granted to permit hospitalization and emergency medical treatment as recommended by the attending physician. I understand that in the case of an accident or serious illness I will be notified immediately.

Signed _____ Date _____