

Parent/Legal Guardian Permission Form

By signing this permission slip, I agree to allow my student, _____, to attend

Event: _____

Location: _____

Date: _____

as a part of the West Prairie FFA Chapter. I understand that while on this trip, my student is expected to follow all school rules and if they do not, they will be disciplined according to the West Prairie High School discipline system. In extreme disciplinary situations, I understand I will be required to pick up my child from this FFA activity/event. I additionally understand that I am responsible for paying for any expenses incurred by the school/organization on behalf of my child. I give my consent to have my child treated medically in case of an injury requiring emergency treatment. Should this become necessary, every attempt will be made to reach a parent prior to treatment.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Insurance Carrier: _____

Policy Number: _____

Family Doctor: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____