

2021 Kansas FFA Chapter Leadership Training Conference

**MEDICAL FORM**

Bring this completed Medical Form along with the completed Participant Commitment Form to registration 1<sup>st</sup> day of the training. DO NOT MAIL.



**PERMISSION TO PARTICIPATE & MEDICAL CONSENT**

I, the undersigned parent/guardian of \_\_\_\_\_(PRINT) hereby give my permission for him/her to participate in the **Kansas FFA Chapter Leadership Training Conference**. I understand the conference participants will be closely supervised and agree that the conference staff/supervisors and the Kansas FFA Association are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize I will be notified in case of serious injury or illness involving my child. However, should notification attempts be unsuccessful, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician.

---

PARENT/GUARDIAN NAME (PRINTED)	SIGNATURE	DATE
<hr/>		
ADDRESS	DAY PHONE #	EVENING PHONE #

**MEDICAL INSURANCE INFORMATION**

---

NAME OF COMPANY	COMPANY'S ADDRESS	POLICY #
-----------------	-------------------	----------

**HEALTH HISTORY INFORMATION**

---

FAMILY PHYSICIAN	ADDRESS	PHONE #
------------------	---------	---------

YES NO ALLERGIES: \_\_\_\_\_

YES NO CURRENT MEDICATION: \_\_\_\_\_

YES NO HAVE BEEN COVID-19 VACCINATED *(not required for workshop attendance)*

OTHER MEDICAL/MENTAL HEALTH INFO TO BE AWARE OF: \_\_\_\_\_