

East Central FFA
Emergency Information

This form must be completed by the parent/guardian of each member. This form is required of all members of the FFA. This form must be updated yearly or in the event that any of the information should change.
WITHOUT THIS COMPLETED FORM, YOUR CHILD MAY NOT PARTICIPATE IN THE FFA PROGRAM.

STUDENT'S NAME _____ GRADE _____ Email Address _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ - _____ - _____

FFA ACTIVITIES _____ SCHOOL ENROLLED _____

PARENT OR GUARDIAN'S NAME _____

Booster Club Member Yes or No

HOME ADDRESS _____ CITY _____ ZIP _____

TELEPHONE # _____ PARENTS HOME # (IF DIFFERENT) _____

MOM'S WORK # _____ DAD'S WORK # _____

Email Address _____ Email Address _____

INSURANCE CARRIER _____ PHONE # _____

NAME OF INSURED _____ ID NUMBER _____

GROUP # _____ PLAN # _____

Name and phone number of relative or friend who can be contacted in case of emergency when parent/guardian are unavailable.

NAME _____ PHONE # _____ RELATION _____

NAME _____ PHONE # _____ RELATION _____

FAMILY DOCTOR _____ PHONE# _____

DENTIST _____ PHONE# _____

IF, IN THE JUDGEMENT OF ANY REPRESENTATIVE OF THE SCHOOL, THE ABOVE STUDENT NEEDS IMMEDIATE CARE AND TREATMENT AS A RESULT OF ANY INJURY OR ILLNESS, I DO HEREBY REQUEST, AUTHORIZE, AND CONSENT SUCH CARE AND TREATMENT AS MAY BE GIVEN SAID STUDENT BY ANY MEDICALLY QUALIFIED REPRESENTATIVE. I DO HEREBY, AGREE, TO INDEMNIFY AND SAVE HARMLESS THE SCHOOL AND ANY SCHOOL REPRESENTATIVE FROM ANY CLAIM BY ANY SUCH PERSON OF SUCH CARE AND TREATMENT OF SAID STUDENT.

STUDENT'S SIGNATURE DATE

PARENT/GUARDIAN'S SIGNATURE DATE

(Return to AG Dept by Sept. 15, 2011)

EAST CENTRAL FFA/AGRISCIENCE DEPARTMENT PARENT TRAVEL PERMISSION FORM

FOR PARTICIPATION IN SCHOOL SANCTIONED EVENTS DURING THE 2011-2012 SCHOOL YEAR
AS A MEMBER OF THE EAST CENTRAL FFA/ AGRISCIENCE DEPARTMENT.

FACULTY SPONSORS: CHARLIE DYLLA, LORI KEMPEN, DANNY KEMPEN and RAY
PIENIAZEK

STUDENT: _____ GRADE LEVEL: _____

PARENTS NAME _____

The above named student has my consent to travel to and/or from each event participated in by this organization during this school year including all errands and activities related to duties and assignments made to members enrolled in the AGRISCIENCE/FFA CLASS. The mode of transportation may be ECISD provided transportation, or a private vehicle driven by school personnel, a parent, the above named student, or another member of AG SCIENCE/FFA.

The student has my permission to drive a vehicle and to transport other students.

I understand that the student may not be chaperoned/supervised while enroute or while participating in some activities. All students must abide by state, district and campus policies at all AGRISCIENCE/FFA sponsored events, whether held during normal school hours, after school hours, or on weekends and holidays. I understand that student's who violated said policies will be subject to disciplinary consequences in accordance with the STUDENT CODE OF CONDUCT, including possible removal from future participation in FFA events.

I understand that infractions to any of these said policies which include theft, vandalism, possession of illegal substances will result in notification of parent/guardian and my child being returned to school at the parent's expense with no reimbursement of funds

I agree to, and hereby, release East Central Independent School District and its trustees, employees, sponsors and volunteers from all legal responsibility from liability resulting from any activities of this organization, including liability caused by or related to the negligence of any such party.

I agree or do not agree (please circle one) to allow my child to swim at any events that swimming opportunities available.

I agree or do not agree (please circle one) to allow my phone number and address to be published in the FFA Directory.

This form must be signed and returned to the sponsor before the student will be permitted to participate in any activities of this organization

Signature of Student

Date

Signature of Parent

Date

Date Received _____

(Return to AG Dept by Sept. 15, 2011)