NEW MEXICO FFA

PERSONAL LIABILITY RELEASE
MEDICAL INFORMATION
DELEGATE CONDUCT GUIDELINES
SPONSOR DELEGATION

Name of Student ______________________ Age ______________________
School ______________________ School Phone ______________________
Conference ______________________ City/State ______________________
Dates ______________________ ______________________

MEDICAL INFORMATION

Student ______________________ Guardian ______________________
Spouse (if married) ______________________ Address ______________________
Home Address ______________________ ______________________
____

Phone: Phone:
Work ______________________ Work ______________________
Home ______________________ Home ______________________

Student's Doctor ______________________ Alternate Contact ______________________
Address ______________________ Address ______________________
______________________ ______________________

Phone: Phone:
Work ______________________ Work ______________________
Home ______________________ Home ______________________

Please describe completely any medical condition (past or present) being treated which may recur or be a factor in medical treatment (include allergies, medicine reactions, disease of any kind, physical handicaps, heart or lung problems, seizures, convulsions, blackouts, etc). If currently taking medication - state the medication and prescribing physician and phone number:

We certify that the information described above is accurate and complete to the best of our knowledge. We understand that each individual is responsible for their own insurance coverage during this meeting or conference.

Name of Company ______________________ Policy # ______________________

SPONSOR DELEGATION

_______________ School designates the adult(s) listed as the sponsor(s) who will supervise students during the Agriculture Education/FFA event.

OTHER ADULT SPONSORS: _______________

____

____

____

The New Mexico Agriculture Education Staff agrees to sponsor students from _______________ school during an Agriculture Education/FFA event.

_______________ (Signature)

School Official Title Date

SIGNATURES

Instructions: This form must be completed for each student attending a Agriculture Education/FFA event. Signatures acknowledge that all parties have read and concur with the information contained herein. Information concerning sponsor delegation shall be completed prior to affixing of signatures. PARENTS OF MINORS MUST ALSO **SIGN** THE MEDICAL FORM.

____

State Staff Title Date

NOTARY

Instructions: Parent/Guardian - please check and sign ONE of the statements below.

_____ attending physician.

treatment for my son/daughter.

_____ I DO NOT give permission for medical treatment until I have been contacted.

If, after I have been contacted, I consent to medical treatment -- _______________ is the person authorized to grant permission for medical treatment for my son/daughter.

____

Parent/Guardian Signature Date

STATE OF NEW MEXICO)

COUNTY OF _____) SS _______________

Acknowledge before me this _____ day of _______________ 20 _____

My commission expires:

_______________ _______________

(Notary Public)