



# WASHINGTON FFA ASSOCIATION

www.WashingtonFFA.org

Washington FFA Association  
Convention Medical Consent  
DUE: April 15, 2012

## Washington FFA Convention Parental Medical Consent Form

I, \_\_\_\_\_ of  
*Name of Parent/Guardian*

\_\_\_\_\_  
*Address, City, State, Zip*

Hereby authorize in advance any necessary medical treatment required by

\_\_\_\_\_  
*Name of Student*

while he/she is participating in the Washington FFA Convention in Pullman, WA.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Phone Number*

### Alternate Emergency Contact

\_\_\_\_\_  
*Alternate Emergency Contact Name*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Alternate Contact Phone Number*

*This form is to stay with the advisor while member is participating in the state FFA convention. Each attending student must have this form completed.*