



PA FFA ASSOCIATION
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**STATE CONFERENCE/CONVENTION AUTHORIZATION FORM
 AND HEALTH and MEDICAL FORM**

(Please complete all forms in their entirety, sign where noted, and return to the chapter FFA advisor prior to departure)

I give permission for my child _____ to attend the
 (Student's Name)
 _____ on _____
 (Name of State FFA Event) (Date(s))

FIELD TRIP EMERGENCY CONTACT INFORMATION:

Student's Name: _____ School: _____

Advisor/Chaperone: _____ Chapter: _____

In the event of an emergency during this trip, please call the following telephone number(s):

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian's Name: _____ Phone: _____

If parents/guardians are unable to be reached please contact:

1) _____
 Name Telephone Number Relationship

2) _____
 Name Telephone Number Relationship

Family Physician's Name: _____ **Phone:** _____

Physician's Address: _____

MEDICAL INFORMATION:

Insurance Company: _____ Policy Number: _____

Current medications: _____

Physical restrictions: _____

ALLERGIES: (check one)

_____ My child has no food allergies, sensitivities or restrictions.

_____ My child has the following food allergies/sensitivities/restrictions: _____

RULES OF CONDUCT:

The Courtesy Corps and FFA Board of Directors has identified two general categories of disciplinary action. The Courtesy Corps will determine the category of disciplinary action based on the seriousness of the infraction. The two categories of disciplinary action are listed below.

I. Major Infractions

- a. Possession or use of a weapon or harmful object with the intent to hurt or intimidate others
- b. Throwing any object from host facility windows
- c. Possession or use of alcohol, drugs and/or tobacco products
- d. Destruction of property or nuisance behavior
- e. Student(s) of opposite sex beyond the lobby areas of the dormitory
- f. Student(s) of opposite sex in sleeping rooms of conference hotels
- g. Discrimination, segregation, harassment, and/or bullying of any kind
- h. Other conduct deemed inappropriate for FFA Members

Potential Consequences: CDE Disqualification, Immediate Dismissal from Conference/Convention, Police Referral, FFA Membership Suspension, Local School Discipline

II. Minor Infractions

- a. Violating the rules of the CDE - talking, cheating, etc.
- b. Failing to attend the scheduled sessions of the event
- c. Changing of room assignments without consent of State FFA Staff
- d. Leaving event site without consent of State FFA Staff (includes downtown State College)
- e. Violating the curfew of the event
- f. Removal of screens from windows or other damage to sleeping rooms
- g. Other conduct deemed inappropriate for FFA Members

Potential Consequences: CDE Disqualification, Immediate Dismissal from Conference/Convention, FFA Membership Suspension, Local School Discipline

Rules of Conduct:

1. To conduct myself in a manner that will be a credit to the FFA, my school, my family and myself.
2. To abide by the FFA Code of Ethics as printed in the Official FFA Manual.
3. To abide by any additional rules set for specific FFA event attending.
4. To abide by the FFA Code of Conduct.

STUDENT SIGNATURES AND ACKNOWLEDGEMENT

I understand that any infraction of any of the rules of conduct will be sufficient cause for my participation to be terminated and to me to be sent home at my own expense immediately. I agree to follow the rules of conduct and to abide by the expectations regarding health and medical care as outlined in this document and my school district policies.

Student's Printed Name

Student's Signature

Date: _____

PARENT/GUARDIAN SIGNATURES AND AUTHORIZATION

Signature below authorizes and accepts acknowledgement of all statements below.

1. My child has medication prescribed by a physician as listed above: (If your child is prescribed a medication after the form is signed but before the trip, please send in medication information prior to the trip.) The Contracted State FFA Nurse has my permission to contact the physician with any questions or concerns.
2. As I consider my child responsible, I will not hold trip personnel or state FFA staff responsible for any problems that may arise with regards to my child's self-administered medication. She/he has been instructed in and understands the medication's purpose, frequency, and appropriate method of use.
3. My signature above indicates authorization for the Contracted State FFA Nurse to administer all medication listed on this form. I understand that the school and all employees, as well as the PA State FFA Association and staff shall incur no liability arising from medication administered.
4. I also give permission to State FFA Staff and the Contracted State FFA Nurse to administer basic first aid and to seek medical attention for my child in the event of an emergency. This includes, but is not limited to transporting him/her to a hospital and permitting said hospital to administer necessary medical care.
5. I authorize the registered advisor/chaperone for my son/daughter to enforce the rules of conduct and accept the consequences as outlined in the attached Code of Conduct. I understand that I will be responsible for immediate transportation home for my son/daughter if they are found to be in violation of those rules, or the guidelines of the health and medical form.
6. I authorize my school district and the State FFA Association to take and use photographs from this event that may contain my son/daughter to promote the local FFA chapter and the State FFA Association. Such use may include but is not limited to print media, newspaper, television, and social media.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date: _____

Phone Number: _____

ADMINISTRATOR SIGNATURES AND AUTHORIZATION

I authorize the aforementioned chaperone/advisor to be an official chaperone of my school district. This chaperone will have the authority to enforce the rules of conduct in conjunction with the State FFA Staff and Courtesy Corps. In addition, I understand it is my responsibility to coordinate or provide transportation home, immediately, for any student(s) found to be in violation of the rules of conduct with a consequence requiring student dismissal from the event. I also authorize the Contracted State FFA Nurse to act in accordance with all Health and Medical information and authorizations provided by the student's parent/guardian on this form.

Administrator's Printed Name & Title

Administrator's Signature

Date: _____

Phone Number: _____

PERMISSION FOR PRESCRIPTION MEDICATION:

Medication	Dosage	Time to be given	What is the medication for?

Please Note:

1. Medications must be in their **original containers**, marked with the child’s name, and handled according to individual school policy and procedure prior to departure. Those same medications shall be given to the Contracted State FFA Nurse upon arrival at the conference/convention.
2. Please be aware that the medications listed on this form will be the only ones given by the school staff and the Contracted State FFA Nurse.
3. Students may not carry medication at any time (for example: aspirin, motion sickness pills, cough medicine, etc.), unless pre-approved by school chaperones/administration. There is an exception for asthma inhalers and epinephrine auto-injectors, which may be carried by students with proper forms.

PERMISSION FOR NON-PRESCRIPTION MEDICATION:

In the event my child experiences any minor aches or pains, (i.e., headache, injury or fever, etc.); I give permission for State FFA Staff and the Contracted State FFA Nurse to administer basic first aid and for the following to be administered as needed: *(select all that apply)*

Acetaminophen _____ Ibuprofen _____ Antacid _____

In the event of allergy symptoms, I give permission for the following to be administered as needed:

Benedryl _____
(Diphenhydramine Hydrochloride)

***NOTE:** Over the counter medication, not ordered by a doctor, will be administered per label instructions by age/weight.

STATE FFA SELF-MEDICATION RELEASE:

(This form is for students requiring inhalers or epinephrine. Such medication must be provided by the student.)

Students requiring inhalers for asthma and auto-injectors (EpiPen) for emergency use are permitted to self-carry these medications. These medications will remain with the student at all times during the trip and are the responsibility of the student to provide, maintain and utilize as needed.

We request that (child’s name) _____ be permitted to carry the following on her/his person and recognize that he/she is responsible for providing their own supply or device:

_____ Inhaler Type of Inhaler: _____

_____ EpiPen Allergy(ies) of concern: _____