

MEDICAL INFORMATION CARD  
AREA VIII FFA LEADERSHIP CONFERENCE

Participant \_\_\_\_\_

- Student
- Teacher



Emergency Contact

- Spouse
- Parent
- Guardian

Home Telephone Number \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Family Doctor \_\_\_\_\_

Name (Please Print)

Address

Telephone Number

Allergic Reactions \_\_\_\_\_

Medications Taken Routinely \_\_\_\_\_

Date of Most Recent Tetanus Inoculation \_\_\_\_\_

CONSENT FOR TREATMENT OF A MINOR

I, the undersigned, as the parent or legal guardian of a minor child, (Name of Child),  
\_\_\_\_\_ hereby authorize diagnostic, medical and/or  
surgical treatment on my child as may be deemed medically necessary in order to assure the  
safety of my child. It is distinctly agreed and understood that the attending physician and  
appropriate staff shall not be responsible in any way for any consequences resulting from said  
diagnostic, medical and/or surgical treatment and its fully released from any and all claims and  
demands whatsoever which may arise, grow out of or be incident to such diagnosis, treatment or  
surgery insofar as the law allows. I am bound to hold the physician and appropriate staff  
harmless from any and all consequences of such treatment, diagnoses, or surgery provided that  
these duties are performed with ordinary care and to the best of their ability.

WITNESS MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D., 20 \_\_\_\_\_

WITNESS: \_\_\_\_\_

Signature of Parent or Legal Guardian

WITNESS: \_\_\_\_\_