

SCHULENBURG FFA / AGRISCIENCE DEPARTMENT PARENT TRAVEL PERMISSION FORM
FACULTY SPONSORS: HANNAH MULHERN, AMY HARTMAN, BRAD LUX

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 FFA / AGRISCIENCE CLASS. The mode of transportation will be Schulenburg ISD provided transportation.

1. 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.
2. I understand that students who violate 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.
3. I understand that infractions to any of these said policies which include theft, vandalism, and 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.
4. I agree to, and hereby, release Schulenburg 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.
5. I **agree** or **do not agree** (please circle one) to allow my child to swim at any events that swimming opportunities available.
6. I **agree** or **do not agree** (please circle one) to allow my child's name and picture to appear on the Schulenburg FFA web page or other social media accounts or in articles in the newspaper.

This form must be signed and returned to the sponsor before the student will be permitted to participate in any activities of this organization. This Schulenburg FFA & Agricultural Science Department Policy Manual has been published to help your son/daughter gain the greatest possible benefit from his/her agricultural science/FFA experience. The FFA needs your cooperation. It is very important that each FFA member understands the opportunities and regulations outlined in this handbook. Parents are to encourage their son/daughter to abide by all rules or regulations set forth in this manual. Please go over all agreements outlined in this manual and return them to your Ag science teacher. Your signature and that of your child acknowledge the receipt of this FFA Member manual and the agreement to take full advantage of all the opportunities that are available to members.

***PLEASE MAKE SURE TO CIRCLE AN ANSWER ON #5 & #6!**

Please complete other side of form!

**SCHULENBURG FFA
EMERGENCY INFORMATION**

PD membership Dues on : _____
Check # _____ or Cash
Amount: _____
Advisor: _____

This form must be completed by the parent/guardian of each member. This form is required of all students in an Ag Science Class. 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 ACTIVITIES.**

STUDENT'S NAME _____ GRADE _____

MAILING ADDRESS _____

STATE _____ ZIP _____

DATE OF BIRTH _____

PARENT/ GUARDIAN'S NAME _____

PARENT BEST CONTACT PHONE NUMBER: _____

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

Parent's Email Address _____

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

NAME _____ PHONE # _____

RELATION _____

FAMILY DOCTOR _____ 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

PARENT/GUARDIAN'S SIGNATURE

Student's Printed Name

Parent/Guardian's Printed Name

Date

Date