



# 2018 National FFA Convention & Expo Parental Consent Form

Duplicate this form for each student.

This form can be used by the chapter and or school in granting permission for students to attend the national FFA convention & expo. In case of emergency, we encourage students to carry this form with them at all times during the national convention.

I, \_\_\_\_\_  
(name of parent/guardian)

of \_\_\_\_\_ hereby authorize in  
(address, city, state, zip)

advance any necessary medical treatment required by \_\_\_\_\_  
(student's name)

while he/she is participating the national FFA convention from \_\_\_\_\_  
(start date to end date)

Parent/Guardian's: \_\_\_\_\_  
(signature) (print name)

Date: \_\_\_\_\_

In emergency contact: \_\_\_\_\_  
(name) (relationship to student)

\_\_\_\_\_  
(phone number)

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## Notary Information

State of \_\_\_\_\_ Notary's Signature \_\_\_\_\_

County of \_\_\_\_\_ Notary's Name (printed) \_\_\_\_\_

Date \_\_\_\_\_ Commission Expires \_\_\_\_\_

# How can you help in an emergency situation?

One of the most important jobs of an EMT is assessment. In the heat of a call, many things can be going on at once and critical areas of the assessment may be left out. To help avoid this, many emergency medical technicians use an acronym to help them remember the important questions to ask. This acronym is known as a SAMPLE history. The acronym helps them identify 6 immediate pieces of information on a patient to help them determine their next course of action. Below you will find a card that is highly recommended that you have on file with you for each student.

There are two recommended ways to use the S.A.M.P.L.E. card. One, keep a copy attached to each student's Parent Consent Form. Second, have each student keep a copy of the card in their wallet. This will be of great help should you not be in the immediate area in case of an emergency.

Name _____ Age _____	<b>S.A.M.P.L.E.</b> <i>(This information may be asked about you in case of an emergency)</i>
Parent/Guardian Name _____	
Parent/Guardian Phone _____	1. Any <b>S</b> igns or symptoms that are not apparent
Advisor/Chaperone Name _____	2. Known <b>A</b> llergies-please list any allergies you may have
Advisor/Chaperone Phone _____	3. <b>M</b> edications that the patient is on-please list any medications you are currently taking
Chapter Name _____	4. <b>P</b> ast medical history
Chapter City _____ State _____	5. <b>L</b> ast meal and or fluid intake
Hotel Name _____ Phone _____	6. What led up to the <b>E</b> vent
School Principal Name _____	
School Phone _____	
State Staff Name _____	
State Staff Phone _____	