

2011 National FFA Convnetion

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. 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 _____ .
(date until date)

Parent/Guardian's Signature: _____

Date: _____

In emergency contact: _____
(name)

(phone number)

Notary Information

State of _____

Notoary's Signature

County of _____

Notary's Name (printed)

Date _____

Comission 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 you can have on file with you of each student.

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