WYOMING FFA ASSOCIATION STATE OFFICER MEDICAL RELEASE FORM

I, _____ of _____
Parent/Guardian Name Mailing Address City

_____ am the _____ of _____.
State Zip Relationship State Officer's Name

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home during his/her term of office as a Wyoming CTSO State Officer from _____ to _____.
Current Date Approximate last day of term of office

State Officer Date of Birth:_____ Officer lives with:_____

Mother's Phone Numbers: Home:_____ Work:_____ Cell:_____

Father's Phone Numbers: Home:_____ Work:_____ Cell:_____

Family Physician:_____ Family Dentist:_____

Address:_____ Address:_____

_____ _____

Phone:_____ Phone:_____

Medical Insurance Company:_____ Policy #_____
(If none, indicate NONE)

Name of Insured:_____ Social Security # of Insured:_____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies:_____

Medication(s) being taken:_____

Date of last tetanus shot:_____

Physical impairments:_____

Other pertinent facts to which physician should be alerted:_____

_____

If parent/guardian cannot be reached in case of emergency, call:

_____	_____	_____
First Choice Name	Home Phone Number	Cell Phone Number
_____	_____	_____
Second Choice Name	Home Phone Number	Cell Phone Number

In a medical emergency, I consent to the local/state adviser, state chairperson, or appointed agent, his/her/their discretion in using, taking, arranging for or consenting to the procedures or treatment necessary. I agree to indemnify and hold harmless any Wyoming Career and Technical Student Organization, the individual members, agents, employees, and representatives thereof, for any and all claims, demands, actions, right of action, and/or judgments by or on behalf of the above named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold any Wyoming Career and Technical Students Organization responsible in the event of a medical emergency.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Officer Signature	Date