

YOU MUST COMPLETE A FORM FOR EACH FFA MEMBER THAT YOU BRING TO MOSCOW. A PARENT OR GUARDIAN MUST SIGN IT.

PLEASE DUPLICATE THE HEALTH RELEASE FORM AND BRING ONE FOR EACH STUDENT.

Name: _____
(First) (Last)

County: _____ District: _____

Age: _____ Date of Birth: _____ Male Female

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell)

Emergency Contact & Insurance Information

Contact 1 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact 2 Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Medical Insurance Company Name: _____

Policy Number: _____ Group Number: _____

**PLEASE NOTE: Hospital requires SSN before providing treatment and suggests that participants bring a copy of their insurance card. Participants are covered by an American Income Life accident/illness policy while participating in activities sponsored by our program. In the event of injury or illness arising from participation in program activities, American Income Life must be notified within 20 days of the date of illness or injury. The Program staff will have information on filing claims. Insurance provided through American Income Life provides only limited protection for injuries or illnesses which occur while participants are participating in program activities, and the participant's family is responsible for all medical expenses not covered by program insurance.*