



**FFA ALUMNI LEADERSHIP CAMP MEDICAL INFORMATION**  
**PLEASE TYPE OR PRINT AND BRING TO CAMP ONSITE REGISTRATION**

FFA Members Name \_\_\_\_\_ Name of FFA Chapter \_\_\_\_\_

FFA Members Age \_\_\_\_\_ Grade Level This Fall \_\_\_\_\_ Male or Female \_\_\_\_\_

Number of Years FFA Member has Attended Camp: \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Telephone of Parent/Guardian (Cell) \_\_\_\_\_

Telephone of Parent/Guardian (Work) \_\_\_\_\_

Student's Physician \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone of Physician \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_

**Student is covered by group or medical insurance:** \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, complete the following:

Name of Insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

**Please specifically describe any medical condition that may recur or be a factor in the student's medical treatment. For example: Allergies, Physical Handicap, Convulsions, Medicine Reactions, Blackouts, Disease of any Kind, Heart or Lung Problems, Food Issues, Other:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**If currently taking medication, please provide the following information:**

**a. Name/Dosage of Medications:** \_\_\_\_\_

Please check one of the following and sign your name:

\_\_\_\_\_ I give permission for immediate medical treatment as required in the judgement of the attending physician.

Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I give permission for admission to the hospital.

\_\_\_\_\_ I do **NOT** give permission for medical treatment until parent/guardian has been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(The following to be completed by Camp Staff during onsite Registration)**

ASSIGNED CABIN \_\_\_\_\_ ASSIGNED SMALL GROUP NUMBER \_\_\_\_\_