
FFA Event Participating In

Last name, first name of student

Date of Event

Last name, first name of chaperone

Student's School

PENNSYLVANIA FFA OFFICIAL STATE AUTHORIZATION FORM

To attend any state and/or national FFA event, an FFA member under the age of 18, or 18 and have not graduated from high school must have a school-authorized adult accompany them to the event. The school district or chapter must pay the cost of this chaperone.

STUDENT INFORMATION:

Chapter Name: _____ County: _____

Birth date: _____ Sex: __ M __ F Home Phone #: _____

Parent/Guardians Name(s): _____ Work Phone #: _____

_____ Work Phone #: _____

Student Street Address: _____

Town, State, Zip: _____

Alternate person to notify in case parent/guardian cannot be reached:

Name: _____ Phone #: _____

MEDICAL INFORMATION:

Insurance Company: _____ Policy No. _____

Current Medication being taken: _____

Medicines allergic to: _____

Physical restrictions: _____

Family Doctor: _____

RULES OF CONDUCT:

1. To conduct myself in a manner that will be a credit to FFA, my school, my family and myself.
2. To abide by the FFA code of Ethics as printed in the Official FFA Manual.
3. To abide by any additional rules set for the specific FFA event attending

AUTHORIZATIONS:

I understand that any infraction of any of the rules of conduct will be sufficient cause for my participation to be terminated and for me to be sent home at my expense.

(Date) _____ (Students Signature) _____

I hereby authorize _____ to chaperone my son/daughter. I give my consent for this chaperone to enforce the rules of conduct.

(Date) _____ (Parent/Guardian Signature) _____

In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize the physician(s), FFA staff and/ or the above name chaperone to provide such hospital care that includes routine diagnostic procedures and medical treatment as to my minor son/daughter.

(Date) _____ (Parent/Guardian Signature) _____

I agree to chaperone the above-mentioned student.

(Date) _____ (Chaperone) _____

I authorize the above named chaperone to be an official chaperone of my school district. This chaperone will have the authority to enforce the rules of conduct.

(Date) _____ (Administrator's Signature) _____

(Administrator's Emergency Phone Number) _____

Copies: Advisor
Event Coordinator
State FFA Office