



## Personal Conduct Agreement

In exchange for my being allowed to participate in an event or activity sponsored by FFA, I, and if I am not yet 21 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by the behavioral expectations set forth above and each of the following:

1. I agree to participate in the Washington Leadership Conference (WLC) according to the guidelines set forth in this Personal Conduct Agreement and other applicable FFA publications.
2. I understand that FFA reserves the right and I agree that FFA has the right to immediately terminate my participation in WLC at the sole discretion of FFA, through its representatives, if I (a) engage in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to FFA policy as expressed above and in the WLC Handbook or (b) consume or carry alcohol, tobacco, and/or other illegal substances.
3. I further understand and agree that if my participation in WLC is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including my travel expenses, and (b) I will not be entitled to any refund of money I have paid to FFA for my participation in the Program.
4. I agree to allow FFA and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if FFA reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable FFA publications.

**By signature below, I acknowledge that I have read this Personal Conduct Agreement, understand the behavioral expectations of WLC, agree to abide by those behavioral expectations, and agree to each of the above paragraphs.**

Printed Name	Signature	Date
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**If the person participating in the Program is not yet 21 years old, both parents or the legal guardian(s) must sign:**

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Personal Conduct Agreement

Parent/Guardian: \_\_\_\_\_

Printed Name	Signature	Date
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FFA Advisor: \_\_\_\_\_

Printed Name	Signature	Date
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# Student Medical Information Form

Complete and bring this form with you to the conference.

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Parent / Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Prescribed and carry an epinephrine injector  Yes  No

Prescription and/or OTC Drug Allergies  Yes  No If yes, list and explain severity \_\_\_\_\_

Dietary Restrictions or Food Allergies  Yes  No If yes, list and explain severity \_\_\_\_\_

Respiratory Issues / Asthma  Yes  No If yes, please explain severity \_\_\_\_\_

Vision / Hearing Issues  Yes  No If yes, please explain severity \_\_\_\_\_

Please list any medical condition and/or necessary medications of which you feel WLC's onsite staff should be made aware of. (Add additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company \_\_\_\_\_ Subscriber's Name \_\_\_\_\_

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

Family Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

The information above is required to be filled out in order for your student to participate in WLC. If you have no medical insurance, please note that in the space provided for Insurance Company.

National FFA staff and designated chaperones are not authorized to provide student members access to Over-the-Counter (OTC) medication to address headaches, fever, nausea, cough/cold symptoms, etc. Students should bring over the counter medication for personal use, in addition to any prescribed medication. All medication to be carried and self-administered by the student must be in the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider (for prescription medication).

For student self-administration: I certify that I am the parent / legal guardian of the below named student. I authorize my child to carry and self-administer medication. I shall hold harmless and indemnify the National FFA staff, officers, agents, chaperones against any and all claims, judgments or liabilities arising out of the self-administration of medication as described.

Parent/Guardian: \_\_\_\_\_

Printed Name

Signature

Date