



Iowa Association
 Family, Career and Community Leaders of America
 PO Box 1084, Ankeny, IA 50021
 Phone: 515-281-4716 Fax: 515-281-6544 www.iafccla.org

Our mission is to promote personal growth and leadership development through family and consumer sciences education.

Iowa FCCLA Member Permission/Medical/Photo Release

I give _____ permission to attend _____ on _____.

I also give permission for my son/daughter to be photographed and/or videotaped during this event. I further give my permission to the undersigned FCCLA Adviser to seek and/or approve emergency medical attention for my child, should it become necessary and I cannot be immediately contacted after reasonable effort.

INSURANCE:

I have obtained insurance for my son/daughter while attending this meeting or have a family policy including this child, which will cover this activity. I understand the school district and state association are not responsible for providing insurance.

Circle: Yes or No

Policy Name: _____

Policy Number: _____

Subscriber Name: _____

HEALTH:

Student's Name: _____ Birth Date: _____

Parent's Names: _____

Phone: Home: _____ Work: _____

Home Address: _____

Alternate Emergency Contact (Name, Relationship, Address, Phone): _____

Activities the student is restricted from for medical reasons: _____

Medical/physical condition the adviser should be aware of: _____

Medication(s) being taken by student (include dosage): _____

Special meal considerations (i.e., allergies, vegetarian/Lenten): _____

Family Physician(name and phone number): _____

Parent Signature _____

Date _____

Adviser Signature _____

Date _____