

**Homer Agriscience & Natural Resources Department (ANR) and Homer FFA  
Homer Community Schools  
Annual Permission Form**

Good for the 2009-2010 school year (September 1, 2009 to September 15, 2010)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Parent's Names & Cell Phone #s: \_\_\_\_\_

Emergency Contact: (Other than parents) Names & Phone #s: \_\_\_\_\_

**MEDICAL TREATMENT:** Permission is granted for responsible adults to secure emergency medical treatment for my son/daughter, as needed. YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_

**FIELD TRIPS & CLASS PROJECTS:** Permission is granted for my son/daughter to attend and participate in class field trips, FFA trips and class projects in Homer and at locations beyond Homer, Michigan. My child can be transported to and from the destination by **qualified adult drivers** and will be chaperoned by adults. YES \_\_\_\_\_ NO \_\_\_\_\_

**STUDENT TRANSPORTATION:** Permission is granted for my son/daughter to **ride** in a motor vehicle with **licensed student drivers** to participate in class/FFA projects in Homer and at locations beyond Homer, Michigan. All possible care will be taken to assign the most responsible driver. If at all possible, we will avoid having student drivers. YES \_\_\_\_\_ NO \_\_\_\_\_

**STUDENT TRANSPORTATION:** Permission is granted for my son/daughter to **drive** a motor vehicle to participate in class/FFA projects. Further, my child may **provide** transportation to other students/riders if needed. If possible, we will avoid having student drivers. YES \_\_\_\_\_ NO \_\_\_\_\_

**PUBLICITY:** Permission is granted for my son/daughter's picture to be used by the FFA & school in the newspaper, website and in other public relations fashions. YES \_\_\_\_\_ NO \_\_\_\_\_

**SAFETY:** I understand and will follow all safety rules of the FFA, ANR Department and Homer Community Schools. Further, I understand that I may be excluded from activities if I do not follow proper safety precautions, which may adversely affect my class grade. YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*As the parent/legal guardian of this student, I hereby agree to all sections marked "Yes" above.

\_\_\_\_\_  
(Parent/Legal Guardian Signature) (Date)

\*\*\*As the student and/or FFA member, I hereby agree to all sections marked "Yes" above.

\_\_\_\_\_  
(Student Signature) (Date)