

Farm Bureau. Yee Haw!

Women

Name of Student:					
Preferred Name:					
☐ Male ☐ Female		FARM			
County:					
Member No:		BUREAU			
Address:		YOUTHLeadership			
City/State/Zip:					
Student's Cell :		Program Highlights:			
Student's Email :					
Date of Birth:		 Keynote Speaker the Fancy Lady Cowgirl, Courtenay DeHoff Develop your personal brand Hands on learning through ag labs 			
			☐ I would like my child to ride on a shuttle bus provided by SC Farm Bureau from the State Office in Cayce, SC. (if there is enough interest we will offer this option for drop off and pick up)		Shooting sportsAttend a rodeo
			I understand that my son/daughter is expect upstanding. I expect my child to abide by the		for the SCFB leadership event.
		sponsored by			
Parent or Guardian	County President	- SC Farm			

Registration deadline: June 2, 2023

MEDICAL INFORMATION: Please print and complete all information where applicable: Name of Special Event/Group: SCFB Youth Leadership Conference MIDDLE Parent/Guardian Email Date of Birth: Female Full Name of Parent/Guardian: (Address if different from above) Cell Phone: Business Phone: If not available in an emergency, notify: Address: Phone Number: Relationship: Name of Personal Health Insurance Company & Address: Policy #: MEDICAL HISTORY (To be completed by parent or self) 1. List all medications patient currently taking: 2. List all medical conditions currently under treatment: 3. Does patient have loss of a paired organ, i.e., kidney, eye? Yes If ves. list 4. Is patient allergic to any medications? If yes, list: 5. Date of last tetanus immunization: 6. List any allergic reactions: I hereby state that the SC Farm Bureau is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the above person prior to the first day the participant registers. Signed ______ Pate ______ Date _____ CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT/RELEASE OF MEDICAL INFORMATION The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operations will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payments in full of any charges incurred. Signed ______ Pate ______ Date _____ PHOTO/VIDEO RELEASE I hereby give permission the SC Farm Bureau to take photos/videos of my son/daughter at the SC Farm Bureau Youth Leadership Conference. Photos/videos may be used to publicize the event. They may also be used to promote the conference and Farm Bureau or on the SCFB website.