



## Harlingen South FFA Booster Club Medicine Use Fee



Student Name(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

# of Animals: \_\_\_\_\_ (\$20/animal - Payable to HHSS FFA Booster Club)

Where Is Animal(s) Housed?

- HCISD Ag Farm
  Student's Home
  \_\_\_\_\_

Animal Categories:

- Cattle: # \_\_\_\_\_
  Lambs: # \_\_\_\_\_
  Goats: # \_\_\_\_\_  
 Swine: # \_\_\_\_\_
  Horse: # \_\_\_\_\_

This medication fee is charged per animal for students that are active members of the Harlingen South FFA and is meant to cover vaccinations to maintain general health, such as de-wormers, vitamins and other medications, and will be administered under the supervision of the Ag Science Teacher(s).

This is intended to aid students as a first line of treatment for sick animals. It does not replace the use/consultation of a veterinarian. Any other medication administered by the student, parent or any other individual, must be with the consent of a veterinarian and/or the Ag Science Teacher(s). Should an animal become seriously ill or injured, the student and parent(s) are responsible for obtaining treatment through a licensed veterinarian at the students/parents own expense.

The Ag Science Teachers are responsible for signing livestock entries at shows verifying ethical practices. Therefore, they must be kept aware of any and all medications used on livestock for any reason.

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By my signature below, I understand the guidelines outlined above and that I am electing to participate in the Harlingen South FFA Booster Club's Med Use Fee Program:

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>BC Use Only:</b>
Date Pd: _____
Amount Pd: _____
Receipt #: _____



## Harlingen South FFA Booster Club Medicine Use Fee – OPT OUT



Student Name(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

I understand that the Agriculture Science Teacher(s) will have a supply of basic medications and dewormers to use for students who have elected to participate in the Booster Club's Med Use Fee Program.

I understand that by opting to not pay the fee, my livestock will not be eligible to use the supply of medication.

I agree to obtain the advice of a licensed veterinarian should my animal become ill and agree to be responsible for all costs associated with that service.

I understand the Ag Science Teacher(s) are responsible for signing livestock entries at shows verifying ethical practices. Therefore, I agree to notify the Ag Science Teacher(s) in a timely manner of any and all medications used on livestock for any reason.

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By my signature below, I understand the guidelines outlined above and that I am electing to opt out of the Harlingen South FFA Booster Club's Med Use Fee Program:

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_