



National
Nationals

Field Trip Permission Form

Campus Name: CTE

Participant's Name: Ruth Vazquez

Parent/Guardian Name: Carmen Vazquez

Home Address: 2092 Griffith rd.

Home Phone: _____ Work/Cell Phone: _____

Event: National Convention

Location: _____

Date: 10/21/26 - 10/24/26 Departure Time: _____

Cost: \$ _____

Method of Transportation: Airplane

Notes: _____

I give my permission for my child Ruth Vazquez, to attend National Convention field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Carmen Vazquez
(Name)

972-210-5611
(Phone)

[Signature]
(Parent/Guardian Signature)

9/15/26
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time: N/A

Family Doctor: N/A Phone: N/A

Allergies: N/A

As the parent/guardian, I agree to all of the stated considerations and conditions.

[Signature]
(Signature)

9/15/26
(Date)



Nationals

Campus Name: Terrell High School Field Trip Permission Form

Participant's Name: Briley Starr
Parent/Guardian Name: Hope Starr Dustin Starr
Home Address: 590 FM 429 Terrell TX 75161
Home Phone: 972-832-3616 Work/Cell Phone: 972-832-3017

Event: FFA National convention
Location: Indianapolis, Indiana

Date: 10/20 - 10/24 2020 Departure Time: AM Hours

Cost: \$ Sponsored

Method of Transportation: Plane ~~Bus~~

Notes: _____

I give my permission for my child Briley Starr, to attend
the FFA National Convention field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Hope Starr
(Name)

972-832-3616
(Phone)

Hope Starr
(Parent/Guardian Signature)

09/15/2020
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time: N/a

Family Doctor: _____ Phone: _____

Allergies: N/a

As the parent/guardian, I agree to all of the stated considerations and conditions.

Hope Starr
(Signature)

09/15/2020
(Date)

Nationals



Nationals

Field Trip Permission Form

Campus Name: THS

Participant's Name: Neyla Escobedo

Parent/Guardian Name: Dalya Escobedo

Home Address: 2310 Colquitt Rd

Home Phone: _____ Work/Cell Phone: 972-201-8319

Event: National FFA convention

Location: Indianapolis, Indiana

Date: Oct ~~2020~~ 2026

Departure Time: TBD

Cost: \$ _____

Method of Transportation: Train / Plane

Notes: _____

I give my permission for my child Neyla Escobedo, to attend National FFA convention field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Gonzalo Escobedo
(Name)

972-201-7729
~~612-201-7729~~
(Phone)

Gonzalo Escobedo
(Parent/Guardian Signature)

8/24/26
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time: N/A

Family Doctor: David Carlson Phone: _____

Allergies: verseel

As the parent/guardian, I agree to all of the stated considerations and conditions.

[Signature]
(Signature)

8/24/26
(Date)

\$ 80



National
Nationals

Campus Name: Terrell high school Field Trip Permission Form

Participant's Name: Katelynn Matthews

Parent/Guardian Name: Mary Knight

Home Address: 9187 rodeo Dr

Home Phone: 469-233-0373

Work/Cell Phone: 214-670-4379

Event: Nationals

Location: Indianapolis

Date: October, 22 - 25

Departure Time: 5

Cost: \$ 0

Method of Transportation: train or airplane

Notes: _____

Takes Citalopram 30mg Am (1 + 1/2 tabs)

I give my permission for my child Katelynn Matthews, to attend Nationals field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Cora Knight
(Name)

972-533-3850
(Phone)

Mary Knight
(Parent/Guardian Signature)

8-24-24
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time:

Citalopram 30mg daily Am

Family Doctor: Donald Fowler

Phone: 972-329-1994

Allergies: Seasonal Allergies

As the parent/guardian, I agree to all of the stated considerations and conditions.

Mary Knight
(Signature)

8-24-24
(Date)

Nationals



Nationals

Field Trip Permission Form
Campus Name: Terrell High School

Participant's Name: Isabella Botiller

Parent/Guardian Name: Keli Botiller

Home Address: 1001 Mineral Wells St Apt 136 Terrell, TX 75160

Home Phone: 469 304 6318

Work/Cell Phone: _____

Event: National FFA Convention

Location: Indianapolis, Indiana

Date: Oct 20-26

Departure Time: TBD

Cost: \$ _____

Method of Transportation: _____

Notes: _____

I give my permission for my child Isabella Botiller, to attend field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Keli Botiller
Robert Allen

(Name)

469 304 6318

512 799 1067

(Phone)

8.23.2026

(Date)

(Parent/Guardian Signature)

HEALTH INFORMATION:

The medication my child is taking at the present time: Mili (Birth Control)

Family Doctor: Pediatric Depot

Phone: 972 210 7350

Allergies: NKA

As the parent/guardian, I agree to all of the stated considerations and conditions.

(Signature)

(Date)

8.23.2026

(KB)

970-1-061-22 FFA



Nationals

Field Trip Permission Form

Campus Name: THS

Participant's Name: Lindsey Plevnic

Parent/Guardian Name: Joshua Bostick

Home Address: 704 Crockett St.

Home Phone: 972-515-1100 Work/Cell Phone: _____

Event: National FFA Convention

Location: Indianapolis, Indiana

Date: Oct 20-26? Departure Time: TBD

Cost: \$ _____

Method of Transportation: _____

Notes: _____

I give my permission for my child Lindsey Plevnic, to attend field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Joshua Bostick Shanda Camacho
(Name)

972-515-1100
(Phone)

[Signature]
(Parent/Guardian Signature)

8-21-26
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time: None

Family Doctor: Dr. Lewis Phone: 972-932-1319

Allergies: _____

As the parent/guardian, I agree to all of the stated considerations and conditions.

[Signature]
(Signature)

8/21/26
(Date)



National

Field Trip Permission Form

Campus Name: Terrell High School

Participant's Name: David Andrade

Parent/Guardian Name: Toni Bradley

Home Address: 209 1st St Terrell TX 75160

Home Phone: _____ Work/Cell Phone: 469.251.9020

Event: National FFA Convention

Location: Indianapolis

Date: 10-21-2026 - 10-24-2026 Departure Time: 2 A.M.

Cost: \$ N/A

Method of Transportation: Train or plane

Notes: _____

I give my permission for my child David Andrade, to attend _____ field trip.

In case of an emergency, I give my permission for my child to receive medical treatment. In case of an emergency, please contact:

Casey Bradley
(Name)

214.649.6835
(Phone)

Toni Bradley
(Parent/Guardian Signature)

08.24.2026
(Date)

HEALTH INFORMATION:

The medication my child is taking at the present time: N/A

Family Doctor: N/A Phone: N/A

Allergies: N/A

As the parent/guardian, I agree to all of the stated considerations and conditions.

Toni Bradley
(Signature)

08.24.2026
(Date)