



Delaware TSA Sponsored Event

PERMISSION, MEDICAL / EMERGENCY TREATMENT & PHOTO RELEASE

SIGN OFF SHEET

I certify that the following forms have been completed and that I have an original/copy with me for each person attending the Delaware TSA sponsored event.

- **Parent or Guardian Permission** _____ *(Advisor initial)*
- **Medical / Emergency Treatment** _____ *(Advisor initial)*
- **Parental Authorization for Photo Release** (* Please list the student(s) name(s) below if a parent does **not** grant permission for photos). _____ *(Advisor initial)*
- **TSA Code of Conduct** _____ *(Advisor initial)*

TSA Advisor (print name)

School Name

TSA Advisor (signature)

Date

* The parent(s)/guardian(s) of the student(s) listed do not grant permission to the Delaware Department of Education to use their child’s picture for publication.

Please sign and email or fax (302-739-1780) this form 24 hours prior to the event OR sign the form at the Delaware TSA sponsored event registration table upon arrival OR provide a copy of each person’s forms when you arrive at the registration area.



PARENT OR GUARDIAN PERMISSION

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION:

_____ has my permission to attend and participate in the **Delaware TSA sponsored event**. I understand the Delaware TSA delegation will be traveling by **bus/student/family car**. My child has been made aware that they are to obey the rules of conduct and dress code for all participants of the Delaware delegation, and of the supervisors assigned to them. I also understand that the school and the State of Delaware assume no responsibility beyond normal chaperoning and advisory activities. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian

Date

Medical Data

Please Print: Parents are asked to list any allergies or possible illness for which medicine or treatment may be needed during the conference period.

Allergies: _____

Type of Medicine carried: _____

Currently being treated for: _____

Name and address of family physician: _____

Physician's phone: _____

Name and address of person to contact in case of illness: _____

Contact person's phone: _____

Blue Cross/Blue Shield No.: _____

Other Insurance Name and No.: _____

Secondary Insurance Name and Number: _____



MEDICAL / EMERGENCY TREATMENT

I, _____
(Parent / Guardian's Name) (Relationship)

Of _____
(Name of TSA Participant) (Age)

Complete Home Address including ZIP: _____

(Area code and Home telephone No.) _____

(Area code and Work telephone No.) _____

I hereby authorize in advance the advisor/TSA representative to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

I also do hereby on behalf of him/her absolve and release the school officials, the TSA chapter advisors and the assigned TSA state staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from, or during the TSA sponsored activity.

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

(Signature)

(Date)

PARENTAL AUTHORIZATION FOR PHOTO RELEASE



DELAWARE DEPARTMENT OF EDUCATION

Please check one:

_____ I hereby grant the Delaware Department of Education permission to use

_____ 's (please insert student's FULL name) picture for publication purposes only.

I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child's right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.

_____ I do not wish to grant permission to the Delaware Department of Education to use my child's picture for publication.

Parent / Guardian (signature)

Date

Parent / Guardian (printed name)

Relationship to above

If in high school (signature) of student

Date

Student name (printed)



**State Conference
Code of Conduct Practices and Procedures**

Delaware TSA requires each delegate attending to read, understand and sign the Code of Conduct Practices and Procedures. Return this form to the Chapter TSA advisor prior to attendance at the **Delaware TSA sponsored event**.

- The term “delegate” shall mean any TSA member, including advisors, attending conferences.
- There shall be no defacing of public property. Any damage to any property, furnishing or facilities must be paid for by the individual or chapter responsible.
- Delegates must wear identification badges at all times.
- Delegates shall refrain from using inappropriate or profane language at all times.
- Delegates shall refrain from verbal or physical harassment, hazing or name-calling.
- Delegates shall respect the rights and safety of each other and guests.
- Delegates shall not possess alcoholic beverages, narcotics or weapons in any form at any time under any circumstances.
- Delegates shall refrain from gambling or games of chance for money or other things of value.
- Use of tobacco products by delegates is prohibited at all TSA functions.
- Delegates **must adhere to the dress code** at all times. See: <http://detsa.org/information> for more details.
- Delegates must dress and behave in a professional manner.
- Students shall keep their adult advisors informed of their activities and whereabouts at all times.
- No delegate shall leave the conference property without permission (except for authorized events) unless permission has been received from chapter and state/provincial advisors.
- Delegates should be prompt and prepared for all activities.
- Delegates should be financially prepared for all activities.
- Delegates are required to attend all sessions and activities assigned including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment scheduled at the same time.
- Chapter Advisors are responsible for student conduct.
- Delegates willfully ignoring or violating any of the above rules may subject their entire delegation to being unseated and their candidates or competitive events to being disqualified. Individual delegates may be sent home immediately at their own expense. Delegates should display positive sportsmanship, and positive demeanor with each other and guests.

Student Name (printed)

Parent / Guardian (signature)

Student Name (signature)

Date