



Delaware TSA State Conference

PERMISSION FORMS & 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 State Conference.

- **Parent 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 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 return this form to the conference staff when you arrive at the registration area on April 20