



TECHNOLOGY STUDENT ASSOCIATION STUDENT PERMISSION FORM

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION:

_____ has my permission to attend and participate in the **TSA Fall/State Conference**. 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: _____

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Contact person's phone: _____

Blue Cross/Blue Shield No.: _____

Other Insurance Name and No.: _____

Secondary Insurance Name and Number: _____



**EMERGENCY MEDICAL TREATMENT
(PARENT CONSENT FORM).**

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.) _____

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)