

STUDENT PERMISSION FORM

RETURN PHOTOCOPY Prior to May 27, 2011



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Delaware TSA
Delaware Department of Education
John W. Collette Education Resource Center
35 Commerce Way, Suite #1
Dover, DE 19904
SLC Code N510

NOTE: Chapter Advisors are to keep this original and SEND A PHOTOCOPY of the completed form to DOE.

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **2011 TSA National Career Development Conference in Dallas, Texas**. I understand the Delaware delegation will be traveling by **bus/student/family car/plane**. My child has been made aware that they are to obey the rules of the Delaware delegation and of the supervisors assigned to them. 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.: _____

PARENT CONSENT FORM

RETURN PHOTOCOPY TO DOE prior to May 27, 2011

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 state/provincial TSA 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: _____

I also agree that the school officials, the TSA chapter advisors, the state/provincial TSA staff, or the Conference Conduct Committee members have the right to send

_____ home from the activity at our expense, provided that he/she has violated the Code of Conduct and/or his/her conduct has become a detriment.

(Parent/Guardian's Signature)

(Notary's Signature)

(Date)

DELAWARE DELEGATE CONDUCT PRACTICES AND PROCEDURES

The Delaware TSA requires each delegate attending the conference to read and complete the **Attendance Permission Form** and return to the **state/provincial** TSA advisor prior to attendance.

- The term “delegate” shall mean any TSA member, including advisors, attending conferences (high school, collegiate, alumni, and professional).
- There shall be no defacing of public property. Any damage to any property or furnishing in the hotel rooms or building must be paid for by the individual or chapter responsible.
- Delegates must wear identification badges and wristbands at all times.
- Delegates shall refrain from using inappropriate or profane language at all times.
- Delegates shall refrain from verbal, physical or sexual harassment, hazing or name-calling.
- Delegates shall respect the rights and safety of other hotel guests.
- Delegates shall not possess alcoholic beverages, narcotics or weapons in any form at any time under any circumstances.
- Delegates shall refrain from gambling—playing cards, dice 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.
- Delegates must not dress or behave in a manner than can be interpreted as sexually explicit.
- Students shall keep their adult advisors informed of their activities and whereabouts at all times.
- No delegate shall leave the hotel (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.
- Delegates will spend nights at their assigned hotel and in their assigned room. No guests are allowed during curfew hours. Male and female delegates shall only be permitted in rooms together provided an advisor is present. Delegates will be quiet at curfew.
- Curfew will be enforced. Curfew means the delegate will be in his/her assigned room.
- State/Provincial associations will be responsible for delegates’ conduct.
- Delegates ignoring or violating any of the above rules will subject to 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.
- Tasteful casual wear will be accepted during specific social functions as designated during orientation.

Student’s Signature

Chapter Advisor’s Signature

Parent / Guardian Signature

Date

Please do not return this page. It is for the information of students, parents / guardians.



GAYLORD TEXAN RESORT & CONVENTION CENTER EMERGENCY INFORMATION

Gaylord Texan Hotel & Convention Center
1501 Gaylord Trail, Grapevine, Texas 76051
Hotel Convention Center Phone 817-778-2000
Hotel Emergency Number- **333**

MEDICAL RESPONSE

Outside Paramedics– If 9-1-1 is called, EMT/Fire Dept. will respond – approximately 5 minutes away (1 mile drive).

Internal Response Teams (Security & EMT's on Staff) respond to all alarms and 333 emergency calls.

HOTEL ALARM SYSTEM

In the event that an alarm is activated, an announcement will be made via the hotel's public address system regarding the situation and what action to take, if necessary. Please note that the fire department responds to all alarms, therefore, it is not unusual for them to be on property when an alarm is activated. The hotel's public address system is used only in emergency situations.

MEDICAL FACILITIES (Within 4 miles)

BAYLOR REGIONAL MEDICAL CENTER @ GRAPEVINE

1650 College Street
Grapevine, Texas 76051
EMERGENCY – 817-481-1588

CARENOW EMERGENCY CARE CLINIC

2355 Grapevine Mills Circle E.
Grapevine, Texas 76051
972-539-6330
Monday-Friday: 8:00am-10:00pm
Saturdays: 8:00am-8:00pm
Sunday: 9:00am-5:00pm