



Student Permission/ Medical Emergency Treatment

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

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **2014 Career and Technical Student Organization (CTSO) Fall Leadership Conference in Harrington, Delaware**. 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.

Medical 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.: _____

Advisors should carry the original Medical/Permission forms when en route to, from or during any CTSO conference, event, or activity.

Student Permission/ Medical Emergency Treatment

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

of _____
(Name of Student) _____ (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/CTSO 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 CTSO chapter advisors and the assigned state/provincial CTSO 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 CTSO sponsored activity.

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

I also agree that the school officials, the CTSO chapter advisors, the state/provincial CTSO 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)

**Advisors should carry the original Medical/Permission forms when en route to,
from or during any CTSO conference, event, or activity.**



Parental Authorization Photo Release Form

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's signature

Date

Parent/Guardian's printed name and relationship to above

If in high school, signature of student

Date

Student's printed name



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 **Fall Leadership Conference**.

- 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> 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 (except for authorized events or a medical emergency) unless permission has been received from BOTH the chapter advisor AND state advisor.
- 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.
- Chapter Advisors and chaperones are responsible for behavior and student conduct.
- Delegates who willfully ignore or violate 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 all guests at all times.

Student Name (printed)

Parent / Guardian (signature)

Student Name (signature)

Date