



Student Permission/ Medical Emergency Treatment

NOTE: Chapter Advisors are to keep students original forms and provide DDOE with a signed Advisor Certification form.

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **2015 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: _____

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

Advisors should carry the original Permission/Medical 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.

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 Permission/Medical 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



2015 Fall Leadership Conference Advisor Certification Form

I certify that the following forms have been completed for each student attending the 2015 CTSO Fall Leadership Conference.

- **Permission and Medical/Emergency Treatment***
- **Authorization for Photo Release** (Please list the student(s) name(s) below if a parent does not grant permission).
- **CTSO Code of Conduct**

Advisor

School

Career and Technical Student Organization

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.

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***Any pre-existing medical conditions need to be brought to the CTSO State Advisors attention prior to the Fall Leadership Conference.**

Advisors are to keep original permission slips, medical forms, and signed Code of Conduct and only submit an original Advisor Certification Form. Advisor Certification Forms can be signed onsite at the conference.