



Delaware TSA State Conference

PERMISSION, MEDICAL / EMERGENCY TREATMENT & 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 or Guardian 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 Code of Conduct** \_\_\_\_\_ (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 SIGN and email this form as a PDF 24 hours prior to the conference OR sign the form at the conference registration table upon arrival OR provide a copy of each person's forms when you arrive at the state conference registration area.**



**PARENT OR GUARDIAN PERMISSION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT OR GUARDIAN PERMISSION:**

\_\_\_\_\_ has my permission to attend and participate in the **TSA 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: \_\_\_\_\_

\_\_\_\_\_

Contact person's phone: \_\_\_\_\_

Blue Cross/Blue Shield No.: \_\_\_\_\_

Other Insurance Name and No.: \_\_\_\_\_

Secondary Insurance Name and Number: \_\_\_\_\_



MEDICAL / EMERGENCY TREATMENT

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 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)

**PARENTAL AUTHORIZATION FOR PHOTO RELEASE**



**DELAWARE DEPARTMENT OF EDUCATION**

**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 (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian (printed name)

\_\_\_\_\_  
Relationship to above

\_\_\_\_\_  
If in high school (signature) of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student name (printed)



**State Conference**  
**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 **State 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