



Delaware TSA Fall Leadership Conference

PERMISSION/DRESS CODE/PHOTO

SIGN OFF SHEET

I certify that the following forms have been completed for each student attending the Delaware TSA Fall Leadership Conference:

- **Parent/Guardian Permission**
- **Medical / Emergency Treatment**
- **Student Behavior and Dress**
- **Parental Authorization for Photo Release** (* Please list the student(s) name(s) below if a parent does not grant permission).

TSA Advisor

School

* The parent(s)/guardian(s) of the student(s) listed below do not grant permission to the Delaware Department of Education to use their child's picture for publication.

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This form should be turned in with your conference registration.

The Delaware Technology Student Association (TSA) is a resource and support organization that does not select, control or supervise local chapter or individual member activities except as expressly provided for in the Delaware TSA constitution, bylaws, or policies.



EMERGENCY MEDICAL TREATMENT (PARENT CONSENT FORM)

Chapter Advisors must keep a copy and provide a copy to DE TSA/DOE

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 any necessary medical treatment required while he/she is attending a TSA activity.

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

(Signature)

(Date)

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Delaware TSA
Expectations for Student Behavior and Dress
2011 Fall Conference

1. Delegates and Advisors are expected to attend all workshops. Stay in each meeting until you are dismissed.
2. Listen attentively and participate appropriately in the sessions.
3. Be an interested, enthusiastic participant.
4. It is not appropriate to chew gum or use cell phones during meetings and official activities.
5. There is to be no smoking at TSA sponsored events.
6. Students are not to possess illegal substances at TSA sponsored events.

***Appropriate Dress: TSA Business Casual
(see cover memo for details). Jeans and T-shirts are NOT permitted.***

Advisor's reminder: Advisors have the legal authority to enforce rules and to control students' behavior beyond the classroom on sponsored trips. **Advisors stand in loco parentis (in place of parents) with respect to the student at all school sponsored functions.**

Student signature

Parent signature

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**DELAWARE
DEPARTMENT OF EDUCATION**

Parental Authorization

Chapter Advisors must keep a copy and provide a copy to Delaware TSA/DOE

Please check one:

_____ I hereby grant the Delaware Department of Education permission to use
_____’s (*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

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DELAWARE TSA

STUDENT PERMISSION FORM

Note: Chapter Advisors must keep a copy and provide a copy to Delaware TSA/DOE

Student Name: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **Delaware TSA Fall/State Conference**. I understand the Delaware TSA delegation will be traveling by van/bus/student/advisor/family car. 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 INFORMATION

Please Print: Parents are asked to list any allergies or possible illness for which medicine or treatment may be needed during the term of office.

Allergies: _____

Type of Medicine carried: _____

Currently being treated for: _____

Family Physician: _____

Physician's telephone: _____

Physician's address: _____

Name of person to contact in case of illness/emergency: _____

Contact person's telephone: _____

Primary Insurance Name and Number: _____

Secondary Insurance Name and Number: _____

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