STUDENT PERMISSION/
Medical Emergency Treatment

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **2018 Career and Technical Student Organizations Fall Leadership Conference (November 29-30, 2018)**. I understand the Delaware CTSO officers will be traveling by **bus/student/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 Data

Please Print   --   List any **food allergies**, allergies, illnesses, and/or medical conditions for which medicine, treatment, and/or other accommodations may be needed during the conference period**

Food allergies, allergies, illnesses, and/or medical conditions:_____
_____
_____

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: _____

**Any medical conditions, illnesses, and/or allergies must be brought to the attention of the CTSO State Advisor at least one week prior to attendance in any state CTSO activity or four weeks prior to any national CTSO event. The local CTSO advisor(s) is responsible for making arrangements to meet the health needs, including medication administration and storage for his/her students. Only a registered nurse may administer medications, with the exception of an educator who may be trained to assist with self-administration. Districts retain full responsibility to adhere to district policies and procedures regarding administration of medications and/or medical treatments for students in their delegations throughout the CTSO activity. Advisors should carry the original Medical/Permission forms when en route to, from or during any CTSO conference, event, or activity.

STUDENT PERMISSION/
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I, _____   _____

(Parent/Guardian's Name)   (Relationship)

of _____   _____

(Name of 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/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 any DE 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 my child 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