



STUDENT PERMISSION/ Medical Emergency Treatment

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the following activities:

- 2026 Delaware Career and Technical Student Organization, State Officer Leadership Training. This training is facilitated by the Delaware Department of Education, Career and Technical Education Work Group.

I understand that this is an overnight event. Students staying at the Atlantic Sands Hotel, 1 Baltimore Ave, Rehoboth Beach, DE 19971 will remain under the care of the state advisor or DDOE representative.

I understand my student will be traveling by **family(personal) car for the event indicated above**. My student 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. **This completed form should be returned to your State Advisor or designee by May 22, 2026.**

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: _____



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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)

