

ATTENDANCE PERMISSION FORM STATE CAREER DEVELOPMENT CONFERENCE -2020

This is to certify that _____ has my permission to attend the _____.
(Student Name) (DECA Activity)

I also do hereby, on behalf of _____ absolve and release school officials,
(Student Name)
the DECA chapter advisors and the assigned DECA staff & volunteers from any claims for personal injuries or illness, which might be sustained while he/she is in route to and from or during the DECA sponsored activity.

Emergency Information	_____ Yes	_____ No
On Medication	_____ Yes	_____ No
Allergies	_____ Yes	_____ No
Medical Restrictions		

If you answered yes to any of the above please explain: _____

Emergency Contacts:

1. _____
Name Relationship to Student Phone
2. _____
Name Relationship to Student Phone
3. _____
Family Physician Phone

I authorize the advisor to secure the services of a physician and/or hospital, and to incur the expenses for the necessary services in the event of accident or illness, and I will provide for the payment of these costs.

We have read and agreed to abide by the DECA Code of Conduct. We also agree that the school officials, the DECA chapter advisors, the state DECA staff, or the Conference Conduct Committee, have the right to send (student name) _____ 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.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company

Policy Number

Each Chapter Advisor is to bring a signed copy of this form for each and every student attending the conference, and must retain them on site for the duration of the conference.