PERMISSION, MEDICAL / EMERGENCY TREATMENT & PHOTO RELEASE - SIGN OFF SHEET

I certify that the following forms are complete and that I will retain the original forms for each person attending the Delaware Fall Leadership Conference.

- **Parent or Guardian Permission** _____ *(Advisor initial)*
- **Medical / Emergency Treatment** _____ *(Advisor initial)*
- **Parental Authorization for Photo Release** _____ *(Advisor initial)*

CTSO Advisor (print name)	**School Name**
CTSO 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 provide this signed form at the conference registration table upon arrival

STUDENT PERMISSION
Medical Emergency Treatment

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the **2017 Fall Leadership Conference**. I understand the Delaware delegation will be traveling by **bus/student/family car/plane**. 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

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

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: _____

Insurance Plan Name: _____

Insurance ID#/Group #: _____

****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/
Medical Emergency Treatment

I, _____ _____
(Parent/Guardian's Name) (Relationship)

of _____ _____
(Name of HOSA 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 PERMISSION to the Delaware Department of Education to use my child's picture for publication. *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 Relationship to student

_____ _____
Signature of student Date

_____
Student's printed name