



Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.

### PERMISSION

This is to certify that \_\_\_\_\_ has my permission to attend/participate in the \_\_\_\_\_ (name of DECA activity) in \_\_\_\_\_

\_\_\_\_\_ (location). 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.

I also do hereby on behalf of him/her absolve and release the school officials, the DECA chapter advisors and the assigned state/provincial DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

### MEDICAL DATA

Please Print -- Parents are asked to list any allergies or possible illness for which medicine or treatment may be needed during the conference period.

Allergies: \_\_\_\_\_

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: \_\_\_\_\_

Blue Cross/Blue Shield No.: \_\_\_\_\_

Other Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

*Advisors should carry these forms when traveling to, from, or during the DECA sponsored activity.*