



PARENT CONSENT FORM

EMERGENCY

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

of _____ (Name of DECA Participant) _____ (Age)

Complete Home Address:_(including Zip) _____

(Area code and Home telephone No.) _____

(Area code and Work telephone No.) _____

hereby authorize in advance the advisor/DECA 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.

Parent/Guardian Signature (Date)

(Notary's Signature) Notary Seal

Medical/hospitalization carrier policy number: _____

Other Medical Insurance: _____

Policy Number: _____

We have read and agree to abide by the DECA Code of Conduct. We also agree that the school officials, the DECA chapter advisors, the state/provincial DECA staff, or the Conference Conduct Committee members have the right to send

_____ 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

Chapter Advisor Signature School Official Signature

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