

Return by January 6th, 2016

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

## **Parent or Guardian Permission**

This is to certify that	has my permission to attend
and participate in the <b>DECA Career Development Conference</b> in <b>Dov</b> delegation will be traveling by <u>bus/student/family car/plane</u> . My child he rules of the Delaware delegation and of the supervisors assigned to the	ver, Delaware. I understand the Delaware has been made aware that they are to obey
I also do hereby on behalf of him/her absolve and release the school of assigned state/provincial DECA staff from any claims for personal injuries 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 w during the conference period.	which medicine or treatment may be needed
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.