

STUDENT PERMISSION FORM



NOTE: Chapter Advisors are to keep this original and SEND A PHOTOCOPY of each completed form to DOE OR a completed Conference Sign-off Form.

Name: _____

Address: _____

Telephone: _____ School: _____

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the Delaware DECA Conference/Workshop/Activity. 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

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 Name and No.: _____

Advisors should carry the original Medical/Permission forms when en route to, from or during any DECA conference, event, or activity.